**RESNA Assistive Technology Standards Committee Membership Application/Renewal Form**

**RESNA Standards Committee on Wheelchairs and Transportation (COWHAT) 2020**

Please complete a separate application for each committee in which your company intends to participate.

### CONTACT INFORMATION

- **Company name**
- **parent company (if applicable)**
- **corporate website address**
- **brief description of organization**

### PRIMARY REPRESENTATIVE

- **name**
- **title**
- **street address**
- **city**
- **state**
- **postal code**
- **phone**
- **fax**
- **e-mail (required)**

### ALTERNATE REPRESENTATIVE

- **name**
- **title**
- **street address**
- **city**
- **state**
- **postal code**
- **phone**
- **fax**
- **e-mail (required)**

### FINANCIAL CONTACT NAME

- **title**
- **street address**
- **city**
- **state**
- **postal code**
- **phone**
- **fax**
- **e-mail (required)**

### MEMBER BENEFITS

Membership provides maximum access and value, offering:
- Designation of one member representative to a committee
- Participation on a RESNA Assistive Technology Standards Committee
- Current American National Standards and working drafts specific to the committee on which the member is participating

### ADMINISTRATIVE FEE (schedule on page 2)

RESNA Assistive Technology Standards Committee membership is based upon a calendar-year billing cycle. An interested party may join at any time. Future billing cycles will begin on January 1 of each subsequent year.

<table>
<thead>
<tr>
<th>Annual global sales revenue (optional)</th>
<th>Number of employees</th>
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*Annual administrative fee* (see schedule following)

Note: For International Wire Transfer, please add $35.00 processing fee

<table>
<thead>
<tr>
<th>Number of Committees (in which your company intends to participate)</th>
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<tr>
<td>10% Discount for 2 committees</td>
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<tr>
<td>20% Discount for 3 or more committees</td>
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### PAYMENT INFORMATION

- [ ] A check, made out to RESNA, is enclosed
- [ ] Please invoice me to pay online with a credit card
- [ ] I will be making payment via ACH/ Wire using information below:

  - **Bank Name**: CIBC Bank USA
  - **Bank Address**: 120 South LaSalle Street Chicago, IL 60603
  - **ABA**: 0710-0648-6
  - **SWIFT Code**: PVTBUS44
  - **Favor of (“F/O”):** RESNA
  - **Account (“A/C”):** 2642085

### NOTICE

We are in accord with the purposes and principles of RESNA and wish to join a RESNA Assistive Technology Standards Committee as a member. We also agree to provide a minimum of 60-days notice prior to our renewal date should we elect to terminate membership.

- **Name (printed)**
- **Signature**
- **Date**

**Application must be signed**
RESNA Standards Committee on Wheelchairs and Transportation (COWHAT)

**FEE SCHEDULE**

Administrative fees for **Government, Educational** and **Individual Members** are a flat rate. Administrative fees for a **Company** or **Organization** are based on the type of business and the number of employees in the business. The fee structure for each industry is based on the number of standards and the volume of work required to manage the specific standards development activities.

**INTEREST CATEGORY**

Please indicate the interest category that best applies to you and/or your organization (select only one):

- **Wheelchair Tiedown and Occupant Restraint Systems** - a person who is employed by a manufacturer of, serves as a supplier for, or designs wheelchair tiedown and occupant restraint systems
- **Wheelchairs and Wheelchair Seating Systems** - a person who is employed by a manufacturer of, serves as a supplier for, or designs wheelchairs and/or wheelchair seating systems or their components
- **Auto-safety Researcher** - a person who participates in research related to auto safety and occupant crash protection, who conducts tests using methods set forth in RESNA standards, or who provides technical advice to stakeholders regarding transportation of people seated in wheelchairs
- **Rehabilitation Researcher** - a person who participates in research related to development and evaluation of assistive technologies for people with disabilities
- **Clinician/Prescriber** - a person who works clinically with people with disabilities and/or who prescribes wheelchairs and other related equipment for them
- **Policy Experts, Payers, and Educators** - a person who represents organizations, including governments, that set policy for transportation of people with disabilities, who represents organizations and entities that pay for assistive technologies and vehicle adaptive equipment, or who work to educate stakeholders on best practice in wheelchair transportation safety.
- **Consumers, Advocates, and Caregivers** - a person who uses assistive technologies, who advocates for people with disabilities, and/or who works as a caregiver for one or more persons with disabilities, including family members
- **Transit Providers** - a person who represents companies or agencies involved in the transport of people with disabilities, including public transportation, paratransit (door-to-door services), and school transportation
- **General** - Individuals with a general interest in this area of work based on personal relevance, background, or current work.

**MEMBER CATEGORY & ADMINISTRATIVE FEE**

Please indicate your member category (choose one) and check your administrative fee:

- **Government Member** $115
- **Educational Member** $35
- **Individual Member** $35
- **Company and Organizational Members**

For companies and organizations, please check the category that best applies to your company and/or product:

- **Transportable Wheelchair Manufacturer**
- **Wheelchair Tiedown & Occupant Restraint Manufacturer**
- **Bus & Bus Seat Manufacturer**
- **Independent Test Laboratory**

Based on your number of employees, check the administrative fee:

- 1 – 19 $400
- 20 – 99 $700
- 100 – 499 $1,400
- 500 or more $2,300

Please enter the **Annual Administrative Fee** on the **front page** of the application.