

RESNA Assistive Technology Standards Committee Membership Application/Renewal Form – RESNA Standards Committee on Emergency Stair Travel Devices (ESTD) 2018

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 (for invoicing, if different than primary rep)

title

street address

city state postal code

phone fax

e-mail (required)

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

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.

\$

Annual global sales revenue (optional)

Number of employees

\$

Annual administrative fee

(see schedule following)

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

Number of Committees* in which your company intends to participate (submit separately)

* Discounts apply for companies participating on multiple committees:
10% Discount for 2 committees
20% Discount for 3 or more committees

PAYMENT INFORMATION

A check, made out to RESNA, is enclosed

Please charge fee to the credit card indicated below:

Visa MasterCard

Expiration date mo/yr

Credit card number

Credit card security code (3 digits)

Billing address and postal code

Name as it appears on card (print)

Signature

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

Return completed application/renewal form with administrative fee to:

RESNA
1560 Wilson Blvd., Suite 850
Arlington, VA 22209

tel: 703-524-6686
fax: 703-524-6630
eml: technicalstandards@resna.org

RESNA Standards Committee on Emergency Stair Travel Devices (ESTD)

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):

- Building Owners and Managers**
Owners or managers buildings, which would obtain the product and make it available for use (or consultants regarding building ownership / management).
- Code Development / Code Enforcement Professionals**
Professionals working for associations or agencies involved in the development or enforcement of codes written in the areas of life safety and/or the built environment.
- Consultants**
Professionals involved in the specification of the device (including Rehabilitation Engineers and Assistive Technology clinicians).
- Consumers**
Potential users of the product or individuals from disability advocacy organizations.
- Insurance**
Representatives from insurers of the product or buildings in which the product would be used.
- Manufacturers & Suppliers**
Professionals who design or manufacture the product, work for a manufacturer of the product, or serve as a supplier or installer of the product.
- Researchers**
Professionals who are involved in the study of the device's design and performance.
- Testing Organizations & Facilities**
Representatives from an organization, which develops testing criteria, or a testing facility of the product.
- 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:

- | | | | |
|--|--------------|--|--------------|
| <input type="checkbox"/> Government Member | \$115 | <input type="checkbox"/> Code Development Member | \$115 |
| <input type="checkbox"/> Educational Member | \$35 | <input type="checkbox"/> Consumer Organization Member | \$115 |
| <input type="checkbox"/> Individual Member | \$35 | | |
| <input type="checkbox"/> Company and Organizational Members | | | |

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

<input type="checkbox"/> Evacuation Technology Manufacturer or Supplier
<input type="checkbox"/> Insurance Industry
<input type="checkbox"/> Building Management or Ownership
<input type="checkbox"/> Independent Test Laboratory
Based on your number of employees, check the administrative fee:
<input type="checkbox"/> 1 – 19 \$400
<input type="checkbox"/> 20 – 99 \$700
<input type="checkbox"/> 100 – 499 \$1,400
<input type="checkbox"/> 500 or more \$2,300

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

