

# RESNA Assistive Technology Standards Committee Membership Application/Renewal Form RESNA Standards Committee on Wheelchairs (including Scooters) (WCS) 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 on page 2)

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., Ste 850  
Arlington, VA 22209

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

# RESNA Standards Committee on Wheelchairs (including Scooters) (WCS)

## 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):

- Consumer** – A person who uses the product as a personal assistive technology, or serves as a caregiver to such a person
- Clinician** - Individual who participates in the prescribing or training of assistive technologies
- Government** - Individuals who represent a government organization
- Wheelchair Manufacturer** – A person who manufactures or works for a manufacturer of assistive technologies
- Manufacturer-Component** – A person who manufactures components for assistive technologies but does not manufacture the completely assembled assistive technology product
- Wheelchair Supplier** - A person who serves as a supplier of assistive technologies or works for a business that distributes assistive technology supplies
- Researcher/Test Lab** – Individuals working within an organization (for example, an academic institution) performing research or testing related to all aspects of assistive technologies

- General** – please specify: \_\_\_\_\_  
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:

<input type="checkbox"/> <b>Manual &amp; Powered Wheelchair Manufacturer</b>
<input type="checkbox"/> <b>Battery/Charger Manufacturer</b>
<input type="checkbox"/> <b>Powered Wheelchair Manufacturer</b>
Based on your number of employees, check the administrative fee:
<input type="checkbox"/> 1 – 19 <b>\$800</b>
<input type="checkbox"/> 20 – 99 <b>\$1,400</b>
<input type="checkbox"/> 100 – 499 <b>\$2,300</b>
<input type="checkbox"/> 500 or more <b>\$4,000</b>
<input type="checkbox"/> <b>Manual Wheelchair Manufacturer</b>
<input type="checkbox"/> <b>Independent Test Laboratory</b>
Based on your number of employees, check the administrative fee:
<input type="checkbox"/> 1 – 19 <b>\$400</b>
<input type="checkbox"/> 20 – 99 <b>\$700</b>
<input type="checkbox"/> 100 – 499 <b>\$1,400</b>
<input type="checkbox"/> 500 or more <b>\$2,300</b>

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

