

RAPS Membership Application



Mr Ms Dr First Name _____ MI _____ Last Name _____

Advanced Degree: JD PhD PharmD MD DDS DMD SCD DVM RAC

Title _____

Company _____

Address Business Home _____ Suite/Apt _____

City/ State/Province _____

Postal Code _____ Country _____

Phone (with area/country code) _____

Email Address _____

Billing Address (if different from above) Business Home _____ Suite/Apt _____

City/ State/Province _____

Mail Stop _____ Postal Code _____ Country _____

MEMBERSHIP DUES (All fees in US dollars)

- Member** \$200 one-year membership or \$375 two-year membership—Save \$25
- Associate Member** \$200 one-year membership or \$375 two-year membership—Save \$25
- Emerging Markets Member*** \$ 65 or \$105
- Student Member**** \$ 70

**Rates vary depending on emerging economy as identified by the World Bank. See RAPS.org/emerging for details.*

***A school verification form confirming your full-time student status may be requested during your membership term.*

Membership in RAPS is individually-based and is non-transferable and non-refundable.

METHOD OF PAYMENT

- International Wire Transfer:** Fax a completed form and copy of bank wire confirmation to confirm your registration to: RAPS account #1000043228997—ABA #061000104—Swift Code SNTRUS3A to: SunTrust Bank, Richmond, VA. Must reference name of registrant. All bank charges are the responsibility of the payer.

Check # _____

Credit Card American Express MasterCard Visa

Account # _____ Exp. Date _____

Name as it appears on the card _____ Signature _____

HOW TO JOIN

ONLINE: RAPS.org/join (credit card only)

MAIL: RAPS c/o SunTrust Lockbox Dept
PO Box 79546, Baltimore, MD 21279-0546

FAX: +1 301 841 7956 (credit card or wire)