

RAPS Membership Application

RAPS

MEMBERSHIP

Mr Ms Dr First Name _____ MI _____ Last Name _____

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

Title _____

Company _____

Address _____ Suite/Apt _____

City/ State/Province _____

Mail Stop _____ Postal Code _____ Country _____

Phone (with area/country code) _____

Business Email Address _____

Membership Dues

- | | | |
|--|--|---|
| <input type="checkbox"/> Regular Member | <input type="radio"/> \$225 one-year membership or | <input type="radio"/> \$430 two-year membership—Save \$20 |
| <input type="checkbox"/> Associate Member | <input type="radio"/> \$225 one-year membership or | <input type="radio"/> \$430 two-year membership—Save \$20 |
| <input type="checkbox"/> Government Member | <input type="radio"/> \$164 one-year membership | |
| <input type="checkbox"/> Emerging Markets Member* | <input type="radio"/> \$74 or | <input type="radio"/> \$115 |
| <input type="checkbox"/> Student Member** | <input type="radio"/> \$50 | |

*Rates vary depending on emerging markets economy as identified by the World Bank. See <https://www.raps.org/website/emerging-markets-countries> 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.

Membership Dues

- 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 _____ CVV _____ Billing Postal Code _____

Name as it appears on the card _____ Signature _____

- By checking this box, I hereby confirm my purchase as selected and authorize RAPS to charge the disclosed fees to the credit card listed above. I've read and accept RAPS' cancellation policy. I understand that a condition of RAPS membership is my agreement to the RAPS Code of Ethics and agree to abide by the Bylaws of the Association. I also understand that as a member, I will have access to the RAPS membership directory which I will only use for networking purposes. I agree that I will not mine the directory for marketing or profiling. By purchasing membership, I am opting in to allow RAPS to use my information for the purpose of doing business with RAPS. I consent that I am opting into the following of which I can opt out at any time by changing my preferences: a local RAPS community, member-related emails, a listing in the online member directory (profiles can be hidden), daily news in RF Today, the Under RAPS and Weekly Update member newsletters, and announcements of RAPS products and services. I also hereby understand and agree to the privacy policy provided on RAPS.org.

Questions? Call RAPS Solutions Center at +1 301 770 2920, ext. 200. Please see RAPS.org for complete membership policies and procedures.

How to Renew

ONLINE: [RAPS.org/renew](https://www.raps.org/renew) (credit card only) MAIL: RAPS 5635 Fishers Lane, Suite 400, Rockville, MD20852 FAX: +1 301 841 7956 (credit card or wire)