

# 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 \_\_\_\_\_

Email Address of the Member Who Referred You to RAPS \_\_\_\_\_

## Membership Dues

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