

# 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 \_\_\_\_\_  
Mail Stop \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone (with area/country code) \_\_\_\_\_  
Email Address \_\_\_\_\_

## Membership Dues

|                             |                           |  |  |
|-----------------------------|---------------------------|--|--|
| Regular Member              | \$231 one-year membership | \$439 two-year membership (\$23 Savings) | \$659 three-year membership (\$34 savings) |
| Associate Member            | \$231 one-year membership | \$439 two-year membership (\$23 Savings) | \$659 three-year membership (\$34 savings) |
| Government/Nonprofit Member | \$169 one-year membership |  |  |
| Emerging Markets Member*    | \$74                      | \$115                                    |  |
| Student Member**            | \$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.

## 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 \_\_\_\_\_ 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](https://www.raps.org) for complete registration policies and procedures.

### How to Join

**ONLINE:** <https://www.raps.org/events-training/online-training-and-certificates> (credit card only)

**MAIL:** RAPS 5635 Fishers Lane, Suite 550, Rockville, MD 20852.

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