

# 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 \_\_\_\_\_ Suite/Apt \_\_\_\_\_

City/ State/Province \_\_\_\_\_

Mail Stop \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone (with area/country code) \_\_\_\_\_

Business Email Address \_\_\_\_\_

## MEMBERSHIP DUES (All fees in US dollars)

- Active Member**  \$210 one-year membership or  \$395 two-year membership—Save \$20
- Associate Member**  \$210 one-year membership or  \$395 two-year membership—Save \$20
- Government Member\*\***  \$155 one-year membership
- Emerging Markets Member\***  \$70 or  \$110
- 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 \_\_\_\_\_ 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 (credit card only) **MAIL:** RAPS 5635 Fishers Lane, Suite 400, Rockville, MD20852 **FAX:** +1 301 841 7956 (credit card or wire)