

RAPS Membership Renewal 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** \$205 one-year membership or \$385 two-year membership—Save \$25
- Associate Member** \$205 one-year membership or \$385 two-year membership—Save \$25
- Emerging Markets Member*** \$67 or \$107
- 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 JOIN

ONLINE: RAPS.org/join (credit card only) **MAIL:** RAPS 5635 Fishers Lane, Suite 550, Rockville, MD20852 **FAX:** +1 301 841 7956 (credit card or wire)