

RAPS Membership Application



Mr Ms Mrs 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

Individual Member	\$245 one-year	\$465 two-year (\$25 Savings)	\$685 three-year (\$50 savings)
Government/Nonprofit Member	\$180		
Emerging Markets Member	\$55		
Student Member*	\$50		
Recent Graduate Member**	\$50		
Retired Member	\$74		

Membership in RAPS is individually-based and is non-transferable and non-refundable.

* A proof of status confirming your full-time student status may be required during your membership term.

** To qualify for Recent Graduate Membership, you must join within one year of graduation from undergraduate or graduate program. Proof of graduation is required. Learn more at [raps.org/join](https://www.raps.org/join).

Method Of Payment

International Wire Transfer: Fax a completed form and copy of bank wire confirmation to confirm your registration to: RAPS account 000043228997 BA #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](https://www.raps.org) for complete registration policies and procedures.

How to Join

ONLINE: <https://www.raps.org/join-raps> (credit card only) | MAIL: RAPS 5635 Fishers Lane, Suite 550, Rockville, MD 20852 | FAX: +1 301 841 7956 (credit card or wire)