



International Corporate Membership

Refrigerating Engineers & Technicians Association

© 1725 Ferry St SW, Albany, OR 97322 Tel: 541-497-2955 Fax: 541-497-2966

Please complete this form with all information for your corporate membership to RETA

Individual RETA membership and RETA personal ID numbers are non-transferable

Email address is required. Membership is activated when payment has been processed.

CORPORATE/ORGANIZATION INTERNATIONAL INFORMATION

COMPANY NAME _____

COMPANY ADDRESS _____ CITY _____ STATE/PROVINCE _____ ZIP CODE _____ COUNTRY _____

COMPANY PHONE _____ COMPANY FAX _____

BACKGROUND INFORMATION

TYPE OF BUSINESS

End User
 Student
 Regulator
 Equipment Manufacturer
 Engineer or Consultant
 Contractor
 Other _____

PRIMARY AREA OF RESPONSIBILITY

Construction
 Design
 Installation
 Repair and/or Maintenance
 Manufacturer
 Operator
 Sales
 Other _____

PAYMENT

(PAYMENT MUST ACCOMPANY APPLICATION FORM - PLEASE INDICATE METHOD OF PAYMENT)

AMOUNT	MEMBER COUNT		
\$775 x	5	=	\$775 INTERNATIONAL CORPORATE MEMBERSHIP FEE (FIRST 5 MEMBERS)
\$135 x		=	PER EACH ADDITIONAL MEMBER (AFTER THE FIRST 5 MEMBERS)
TOTAL		=	

Check (Payable in US Funds to: RETA)
 MasterCard
 Visa
 Discover
 American Express

ACCOUNT NUMBER _____ EXPIRATION DATE _____ SECURITY CODE _____

BILLING ADDRESS _____ BILLING CITY _____ BILLING STATE _____ BILLING ZIP _____

CARDHOLDER'S NAME _____ SIGNATURE _____

4 Ways to Apply

- **Call** 541-497-2955
M-F; 8 am - 5 pm Pacific Time
- **Fax** to 541-497-2966
24 hours a day
- **Mail** to: RETA
1725 Ferry St SW
Albany, OR 97322
- **Online** at www.reta.com

Corporate Membership

A corporate membership at the rate of **\$775 entitles the purchaser (company) up to five (5) members of RETA** - one main contact plus four additional ones. *Please note all billing for membership dues will be issued to the attention of the main contact.*

If you wish to enroll more than five (5) members under your corporate membership, you may do so at the rate of \$135 for each additional member.

Please complete both pages of this form. You may use copies of the form for any additional members as needed.

Individual RETA membership is non-transferable; however, should a member (to whom you have assigned corporate members status) leave your employ, you retain the right to his/her (corporate) membership and may assign a new contact. RETA personal ID numbers are nontransferable In the event you add or assign new or alternate member(s) to your corporate account, the new member(s) will be assigned unique RETA personal ID number(s).

My signature authorizes RETA to charge the credit card listed above the amount reasonably deemed by RETA to be accurate and appropriate. I understand a charge of \$35 will apply to checks returned for insufficient funds. Membership dues, contributions or gifts to RETA are not deductible as charitable contributions for federal income tax purposes. Dues payments are deductible as an ordinary and necessary business expense. Consult your tax advisor for information.



International Corporate Membership

MAIN CONTACT INFORMATION - 1st MEMBER

FIRST NAME	MIDDLE NAME	LAST NAME		
MAILING ADDRESS	CITY	STATE/PROVINCE	ZIPCODE	COUNTRY
HOME PHONE	CELL PHONE (IF DIFFERENT)	JOB TITLE		
EMAIL ADDRESS (REQUIRED)				

CONTACT INFORMATION - 2nd MEMBER

FIRST NAME	MIDDLE NAME	LAST NAME		
MAILING ADDRESS	CITY	STATE/PROVINCE	ZIPCODE	COUNTRY
HOME PHONE	CELL PHONE (IF DIFFERENT)	JOB TITLE		
EMAIL ADDRESS (REQUIRED)				

CONTACT INFORMATION - 3rd MEMBER

FIRST NAME	MIDDLE NAME	LAST NAME		
MAILING ADDRESS	CITY	STATE/PROVINCE	ZIPCODE	COUNTRY
HOME PHONE	CELL PHONE (IF DIFFERENT)	JOB TITLE		
EMAIL ADDRESS (REQUIRED)				

CONTACT INFORMATION - 4th MEMBER

FIRST NAME	MIDDLE NAME	LAST NAME		
MAILING ADDRESS	CITY	STATE/PROVINCE	ZIPCODE	COUNTRY
HOME PHONE	CELL PHONE (IF DIFFERENT)	JOB TITLE		
EMAIL ADDRESS (REQUIRED)				



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Please photocopy this page for additional corporate members as needed

CONTACT INFORMATION - 5th MEMBER

FIRST NAME MIDDLE NAME LAST NAME

MAILING ADDRESS CITY STATE/PROVINCE ZIPCODE COUNTRY

HOME PHONE CELL PHONE (IF DIFFERENT) JOB TITLE

EMAIL ADDRESS (REQUIRED)

CONTACT INFORMATION - 6th MEMBER

FIRST NAME MIDDLE NAME LAST NAME

MAILING ADDRESS CITY STATE/PROVINCE ZIPCODE COUNTRY

HOME PHONE CELL PHONE (IF DIFFERENT) JOB TITLE

EMAIL ADDRESS (REQUIRED)

CONTACT INFORMATION - 7th MEMBER

FIRST NAME MIDDLE NAME LAST NAME

MAILING ADDRESS CITY STATE/PROVINCE ZIPCODE COUNTRY

HOME PHONE CELL PHONE (IF DIFFERENT) JOB TITLE

EMAIL ADDRESS (REQUIRED)

CONTACT INFORMATION - 8th MEMBER

FIRST NAME MIDDLE NAME LAST NAME

MAILING ADDRESS CITY STATE/PROVINCE ZIPCODE COUNTRY

HOME PHONE CELL PHONE (IF DIFFERENT) JOB TITLE

EMAIL ADDRESS (REQUIRED)