



Corporate Membership Application

Refrigerating Engineers & Technicians Association

® 1035 2nd Ave SE, Albany, OR 97321 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 INFORMATION

COMPANY NAME

COMPANY ADDRESS

CITY

STATE

ZIP CODE

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		
\$725 x	5	=	\$725 CORPORATE MEMBERSHIP FEE (FIRST 5 MEMBERS)
\$125 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
1035 2nd Ave SE
Albany, OR 97321
- **Online** at www.reta.com

Corporate Membership

A corporate membership at the rate of **\$725 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 \$125 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.



Corporate Membership Application

MAIN CONTACT INFORMATION - 1st MEMBER

FIRST NAME	MIDDLE NAME	LAST NAME		
MAILING ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE (IF DIFFERENT)		JOB TITLE	
EMAIL ADDRESS (REQUIRED)		CHAPTER OF CHOICE (SEE LIST AT RIGHT)		

CONTACT INFORMATION - 2nd MEMBER

FIRST NAME	MIDDLE NAME	LAST NAME		
MAILING ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE (IF DIFFERENT)		JOB TITLE	
EMAIL ADDRESS (REQUIRED)		CHAPTER OF CHOICE (SEE LIST AT RIGHT)		

CONTACT INFORMATION - 3rd MEMBER

FIRST NAME	MIDDLE NAME	LAST NAME		
MAILING ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE (IF DIFFERENT)		JOB TITLE	
EMAIL ADDRESS (REQUIRED)		CHAPTER OF CHOICE (SEE LIST AT RIGHT)		

CONTACT INFORMATION - 4th MEMBER

FIRST NAME	MIDDLE NAME	LAST NAME		
MAILING ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE (IF DIFFERENT)		JOB TITLE	
EMAIL ADDRESS (REQUIRED)		CHAPTER OF CHOICE (SEE LIST AT RIGHT)		

Chapter Affiliation

Please reference list below to select your RETA Chapter affiliation
(You will be assigned a Chapter if you do not choose one unless there is not one in your area.)

- Arizona
 - Phoenix (Arizona Chapter)
 - Yuma (Southwest Chapter)
- Arkansas
 - Rogers (Northwest Arkansas Chapter)
 - Ft. Smith (Arkansas River Valley)
- California
 - Dinuba (Central Valley Chapter)
 - Los Angeles (California #2 Chapter)
 - Riverside (Inland Empire Chapter)
 - Salinas (Monterey Bay Chapter)
 - San Jose (Bay Area Chapter)
 - Santa Maria (Santa Maria Valley Chapter)
 - Stockton (San Joaquin Chapter)
- Delaware
 - Delmar (Delmarva Chapter)
- Florida
 - Ft. Lauderdale (South Florida Chapter)
 - Jacksonville (North Florida Chapter)
 - Lake Wales (Central Florida Chapter)
- Georgia
 - Atlanta (Atlanta Chapter)
- Idaho
 - Meridian (Treasure Valley Chapter)
- Illinois
 - Chicago (Chicago Chapter)
- Indiana
 - Fort Wayne (Fort Wayne Chapter)
 - South Bend (St. Joseph Valley Chapter)
- Minnesota
 - Detroit Lakes (Northern Plains Chapter)
- Nebraska
 - Omaha (Omaha Chapter)
- Nevada
 - Las Vegas (Southern Nevada Chapter)
- New York
 - Buffalo (Western New York Chapter)
- North Carolina
 - Charlotte (Carolinas Chapter)
 - Raleigh (Greater Raleigh Chapter)
- Ohio
 - Columbus (Ohio Chapter)
 - Brewster (Northeast Ohio)
- Oklahoma
 - Tulsa (Tulsa Chapter)
- Oregon
 - Albany (Willamette Valley Chapter)
 - Portland (Will H. Knox Chapter)
- Pennsylvania
 - Philadelphia (Philadelphia Chapter)
 - York (Southeastern Pennsylvania Chapter)
 - Wilkes Barre (Northeastern Pennsylvania Chapter)
- Tennessee
 - Nashville (Nashville Chapter)
- Texas
 - Amarillo (High Plains Chapter)
 - Mansfield (Dallas/Ft. Worth Chapter)
 - Waco (Central Texas Chapter)
- Virginia
 - Norfolk (Old Dominion Chapter)
- Washington
 - Pasco (Tri Cities Chapter #32)
 - Puget Sound (Puget Sound Chapter)
- Wisconsin
 - Brookfield (Milwaukee Chapter)
 - La Crosse (Western Wisconsin Chapter)
 - Madison (Madison Chapter)
- At Large
 - No specific chapter affiliation



Corporate Membership Application

Please photocopy this page for additional corporate members as needed

CONTACT INFORMATION - 5th MEMBER

FIRST NAME MIDDLE NAME LAST NAME

MAILING ADDRESS CITY STATE ZIP CODE

HOME PHONE CELL PHONE (IF DIFFERENT) JOB TITLE

EMAIL ADDRESS (REQUIRED) CHAPTER OF CHOICE (SEE LIST AT RIGHT)

CONTACT INFORMATION - 6th MEMBER

FIRST NAME MIDDLE NAME LAST NAME

MAILING ADDRESS CITY STATE ZIP CODE

HOME PHONE CELL PHONE (IF DIFFERENT) JOB TITLE

EMAIL ADDRESS (REQUIRED) CHAPTER OF CHOICE (SEE LIST AT RIGHT)

CONTACT INFORMATION - 7th MEMBER

FIRST NAME MIDDLE NAME LAST NAME

MAILING ADDRESS CITY STATE ZIP CODE

HOME PHONE CELL PHONE (IF DIFFERENT) JOB TITLE

EMAIL ADDRESS (REQUIRED) CHAPTER OF CHOICE (SEE LIST AT RIGHT)

CONTACT INFORMATION - 8th MEMBER

FIRST NAME MIDDLE NAME LAST NAME

MAILING ADDRESS CITY STATE ZIP CODE

HOME PHONE CELL PHONE (IF DIFFERENT) JOB TITLE

EMAIL ADDRESS (REQUIRED) CHAPTER OF CHOICE (SEE LIST AT RIGHT)

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