



# MEMBERSHIP APPLICATION

## COMPANY INFORMATION

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Website: http://www. \_\_\_\_\_

Main Contact for RSPA to interact with: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

RSPA Membership Directory contact (viewable by all RSPA Members): Name: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Voter (owner/officer/director who has been authorized to vote for RSPA Board of Directors): Name: \_\_\_\_\_ Email: \_\_\_\_\_

What is your primary reason for joining RSPA? \_\_\_\_\_ How long have you been in business? \_\_\_\_\_

Do you do business in Canada? Yes No Would you like to begin your enrollment in the RSPA UPS discount? Yes No

Are there any companies you would suggest membership to? \_\_\_\_\_

### AREAS OF COMPANY EXPERTISE:

\*Primary: \_\_\_\_\_ (Please check all others that apply.)

- AIDC/SC/RFID      Biometrics      Business Intel/KM
- CRM                DIM/Cnt Mgmt      General Computing
- Managed Services      Mobile Computing      Networking
- Network Security      Payment Processing      POS
- RFID                Scanning              Security, Physical
- Storage              Time & Attendance      VoIP/Telephony
- Wireless Networking      Other: \_\_\_\_\_

### VERTICAL MARKETS:

\*Primary: \_\_\_\_\_ (Please check all others that apply.)

- Casino/Gambling      Education      Engineering
- Entertainment/ Media/Pub      Field Serv/ Route Acc      Financial Services
- Government              Grocery/C-Store      Healthcare/Life Sci
- Hospitality                Insurance              Law/Public Safety
- Manufacturing/ Warehouse      Non-Profit              Pharmaceutical
- Real Estate                Retail                    SMB
- Telecommunications      Transportation              Utility
- Wholesale/Distribution      Other: \_\_\_\_\_

## RESELLER/VAR/DEALER

Please check that which best describes you:

Reseller/VAR      ISO/Agent

How many employees (or 1099/FTE equivalents) do you have? \_\_\_\_\_

Please list the companies for which you are an authorized dealer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RESELLER DUES

LEVEL	# OF EMPLOYEES (1099/FTEs)	ANNUAL DUES
Reseller A	10 & under	\$250
Reseller B	11 to 25	\$500
Reseller C	26 to 99	\$1,000
Reseller D	100+	\$2,500

## VENDOR

Please check that which best describes you:

Distributor      Manufacturer      Consultant      Payment Processor  
ISV/Software      Publisher      Other \_\_\_\_\_

What is the annual revenue of your company, in North America? \_\_\_\_\_

How many VARs are in your North American Channel? \_\_\_\_\_

Are you interested in exhibiting at RetailNOW? Yes No

## VENDOR DUES

LEVEL	REVENUE TIER	ANNUAL DUES
Vendor A	\$0 to \$2M	\$1,500
Vendor B	\$2 to \$8M	\$2,500
Vendor C	\$8 to \$25M	\$3,000
Vendor D	\$25M & up	\$4,500

RSPA reserves the right to review and verify annual revenue/membership level.

## APPLY BY EMAIL

Email form to: [Membership@GoRSPA.org](mailto:Membership@GoRSPA.org).

Once your application is received, your main contact for RSPA will receive an electronic invoice to help you complete the application process.

Additional Employees for your membership record:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_

For more information or to include additional employees contact RSPA Member Services at: [Membership@GoRSPA.org](mailto:Membership@GoRSPA.org) / 800.782.2693