

MEMBERSHIP APPLICATION



Roto-Rooter Franchisee Association
 17 South Second Street, 6th Floor
 Harrisburg, PA 17101
 717.364.1212 • Phone
 717.233.6740 • Fax

MEMBERSHIP REQUIREMENTS

- ❖ Roto-Rooter Franchise owner in the U.S. or Canada
 - ❖ Current in Annual Dues
- Members receive the newsletter and are invited to attend the Annual Convention & Exposition, plus participate in the Association's Endorsed Vendor program, which offers discounts and price savings.

2014 ANNUAL DUES

- ❖ Your annual dues are based upon the population base your franchise(s) serves.
- ❖ If you own more than one franchise, the fee will be based on the total population serviced by all of your franchises.

Population Base	Dues
0 - 100,000	\$150.00
100,001 – 200,000	\$300.00
200,001 – 300,000	\$450.00
300,001 – 400,000	\$600.00
400,001 – 500,000	\$750.00
500,001 – 600,000	\$900.00
600,001 – 700,000	\$1,050.00
700,001 – 800,000	\$1,200.00
800,001 – 900,000	\$1,350.00
900,001 – 1,250,000	\$1,500.00
1,250,001 – 1,500,000	\$1,650.00
Over 1,500,000	\$1,800.00

Please make your check payable to the **Roto-Rooter Franchisee Association, Inc., and mail it with this application to the above noted address.

STATEMENT:

Contributions or gifts to Roto-Rooter Franchisee Association are not deductible as charitable contributions for Federal income tax purposes. Dues payments are deductible by members as an ordinary and necessary business expense. See 10701 of the Revenue Act of 1987. RRFA does not engage in any lobbying activities.

If you are paying ACH, you will need to fill out the Authorization form. Otherwise, you can pay with a check or a credit card. If paying by credit card, please fill out your credit card information.

Franchise Owner: _____

Company Name (DBA): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Population Served: _____ # of Franchises Owned: _____

Years in Business: _____ Email: _____

Franchise Counties: _____

Spouse's Name: _____

Billing Address: _____

Total Amount of Dues Enclosed: _____

Please charge my: MC VISA AMEX

Account #: _____ CID: _____ Exp. Date: _____

Name on Card: _____

Signature on Card: _____