

# MEMBERSHIP APPLICATION



Roto-Rooter Franchisee Association  
 320 Market Street, Suite 600 West  
 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.

### 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 or call the office and pay by phone.

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: \_\_\_\_\_