

**Please fill this form out in its entirety. Having complete information on each member will better assist us in serving you!**

Roto-Rooter Franchisee Association  
P. O. Box 2190  
251 S. L. White Blvd.  
LaGrange, GA 30241  
706.407.2267 • Phone  
Cathe Baker, Executive Director  
cbaker@asginfo.net • Email

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|--------------------------------|---|
| <b>MEMBERSHIP REQUIREMENTS</b> | <ul style="list-style-type: none"> <li>❖ Roto-Rooter Franchise owner in the U.S. or Canada</li> <li>❖ Current in Annual Dues</li> <li>❖ Members receive the newsletter and are invited to attend the Annual Convention &amp; Exposition, Regional Meetings, plus participate in the Association’s Endorsed Vendor program, which offers discounts and price savings.</li> </ul> |
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<u>2023 ANNUAL DUES</u>	<u>Population Base</u>	<u>Dues</u>
❖ <b>Annual dues are based upon the aggregate population base in all territory(ies) for all franchise(s) you own.**</b>	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
❖ If you own more than one franchise, the fee will be based on the total population serviced by all your franchises.	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
	1,500,000	\$1,800.00
❖ If you own more than one entity which owns one or more franchises, the aggregate population base is calculated based on all entities owned by you, even if such entity(ies) is not named as a RRFA Member(s).	Over 1,500,000	

**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.

Primary Owner First / Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of legal entity that is the RRFA Member: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

\*\*Aggregate Population Served: \_\_\_\_\_ Years in Business: \_\_\_\_\_

*\*\*Cumulative population of ALL franchises owned.*

Number of Franchises Owned: \_\_\_\_\_

List all franchise business names along with the main service areas (territories) underneath the main membership here (attach a separate document if needed):

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Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Continue to the next page...**

**Additional contacts to be listed with the membership (each member can have up to 5). If the primary contact is the same as the owner listed above, please indicate that in the first contact field below. The first contact listed should be the primary contact for the membership invoicing, membership renewal information, etc. Each member can only have one voting member contact listed, which may or may not be the primary member.**

**1. Primary Contact Name:** \_\_\_\_\_

Role: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Receive the Voice Newsletter: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Via Email \_\_\_\_\_ USPS Mailing: \_\_\_\_\_ Both \_\_\_\_\_

Voting Member: Yes \_\_\_\_\_ No \_\_\_\_\_

**2. Name:** \_\_\_\_\_

Role: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Receive the Voice Newsletter: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Via Email \_\_\_\_\_ USPS Mailing: \_\_\_\_\_ Both \_\_\_\_\_

Voting Member: Yes \_\_\_\_\_ No \_\_\_\_\_

**3. Name:** \_\_\_\_\_

Role: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Receive the Voice Newsletter: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Via Email \_\_\_\_\_ USPS Mailing: \_\_\_\_\_ Both \_\_\_\_\_

Voting Member: Yes \_\_\_\_\_ No \_\_\_\_\_

4. Name: \_\_\_\_\_

Role: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Receive the Voice Newsletter: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Via Email \_\_\_\_\_ USPS Mailing: \_\_\_\_\_ Both \_\_\_\_\_

Voting Member: Yes \_\_\_\_\_ No \_\_\_\_\_

5. Name: \_\_\_\_\_

Role: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Receive the Voice Newsletter: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Via Email \_\_\_\_\_ USPS Mailing: \_\_\_\_\_ Both \_\_\_\_\_

Voting Member: Yes \_\_\_\_\_ No \_\_\_\_\_