



2020 REGIONAL AREA RECREATION AND EMPLOYEE SERVICES

Application for General Membership

PLEASE PRINT OR TYPE

Company: _____

Address: _____

City: _____ State: _____ Zip Code (+4): _____

Web address: _____

Parent Company: _____

(If Applicable)

Your organization should nominate *at least* one RARES representative to whom all mail, etc., from RARES is sent. This is usually the person within your organization who has direct responsibility for Employee Services, Benefits, or Recreation programs.

OUR REPRESENTATIVE WILL BE:

Name: _____ Title: _____

Tel (w/ext): _____ Fax: _____ E Mail: _____

RARES Reps are responsible for the distribution of discount information to all your employees on an ongoing basis.

In some companies/organizations, the representative to RARES is not the only person who will be handling tickets/programs. Consequently, RARES tries to keep on file others who we may need to be in contact with. If this applies to your organization, please identify those individuals here:

Name: _____ Title: _____

Tel (w/ext): _____ Fax: _____ E Mail: _____

HR Director, Manager, or VP (highest local contact, not corporate) if different than above

Name: _____ Title: _____

Tel (w/ext): _____ Fax: _____ E Mail: _____

PLEASE PROVIDE US WITH THE NAME OF YOUR BENEFITS REPRESENTATIVE (IF DIFFERENT THAN ABOVE) WHO OVERSEES ALL DECISIONS REGARDING YOUR RETIREMENT (401(K) AND 403B) PLANS

Name: _____ Title: _____

Tel (w/ext): _____ Fax: _____ E Mail: _____

PLEASE PROVIDE US WITH THE NAME OR NAMES OF THE INDIVIDUALS RESPONSIBLE FOR MEETING PLANNING, ARRANGING SUMMER PICNICS, ETC. AT YOUR COMPANY

Name: _____ Title: _____

Tel (w/ext): _____ Fax: _____ E Mail: _____

OUR CEO IS:

Name: _____ Title _____

We would like to know a little more about your organization. Please share with us:

Number of employees locally: _____ Number of employees worldwide: _____

Type of Product or Services: _____

Our company/organization began in: _____ Do you operate a company store? Yes ___ No ___
Year

If you were referred by a RARES Member, please tell us their name and the business they represent. We offer a referral reward to all RARES Members who help us recruit new Members (*this now includes you*):

Do you plan to participate in the RARES ticket consignment program and keep some tickets for summer attractions, car washes, movies, etc., on site for employee purchase or do you anticipate having all employees purchase any tickets/coupons directly through RARES? This is for informational purposes only. You may *ALWAYS* change your mind.

_____ Yes, we plan to participate in the consignment ticket program

_____ We anticipate having our employees purchase all tickets directly through the RARES office.

HOW MANY MEMBERSHIP CARDS DO YOU NEED TO GIVE TO YOUR EMPLOYEES _____

General Member dues entitle you to all the benefits of RARES. We will invoice you for dues. Submit the application right away so that your employees can begin enjoying the benefits of RARES immediately.

Company Size	2019 Annual Dues (Jan – Dec)
1-25 employees	\$90
26 – 74	\$190
75– 349	\$250
350 – 999	\$295
1,000 – 1,999	\$345
2,000 – 2,999	\$455
3,000 - 9,999	\$525
Over 10,000	\$550

Dues may be prorated according to the following schedule	
January 1 st to June 30 th	100%
July 1 st to August 31 st	75%
September 1 st to November 24 th	35%
After November 25 th	Free (billed for the following year)

Please accept this application and notify me of any problems/concerns. I understand that any dues prepaid will be refunded if the Board of Directors does not accept our application. Payment may be submitted with the application or we will invoice you electronically/via mail (so you can start the program for your employees right away). You may either mail or e-mail this application. You are encouraged to submit this application electronically. A printed name in the signature line will be deemed as evidence of official approval if submitted electronically.

Representative's Signature

Date

RARES
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