



**2019 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	\$240
350 – 999	\$275
1,000 – 1,999	\$325
2,000 – 2,999	\$435
3,000 - 4,999	\$500

Dues may be prorated according to the following schedule	
January 1 <sup>st</sup> to June 30 <sup>th</sup>	100%
July 1 <sup>st</sup> to August 31 <sup>st</sup>	75%
September 1 <sup>st</sup> to November 24 <sup>th</sup>	35%
After November 25 <sup>th</sup>	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**  
312 West Commercial St., East Rochester, NY 14445  
Ph. (585) 789-0223 Fax: 585-385-6053 Email [ordersforrares@gmail.com](mailto:ordersforrares@gmail.com)