



Membership Application

Please review all membership and billing policies before completing all information in this application.

NEW MEMBERS: \$350.00 RENEWING MEMBERS: \$250.00

Make your check payable to Rio Plex Safety Council and mail to:
900 E Esperanza Ave
McAllen, TX 78501

For questions or to arrange payment call (956) 928-1967

Registration Form

Company Name: _____

Physical Address

Street: _____

City: _____

State: _____

Zip: _____

Primary Contact

First Name: _____

Last Name: _____

Title: _____

Phone: _____

Email: _____

Secondary Contact

First Name: _____

Last Name: _____

Title: _____

Phone: _____

Email: _____

Billing Address Same as Physical

Street: _____

City: _____

State: _____

Zip: _____

Billing Contact

First Name: _____

Last Name: _____

Phone: _____

Fax: _____

Email: _____

Training/Safety Manager:

Full Name: _____

Mailing Address: Same as Physical / Same as Billing

Street: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

Submit to Customer Service via Fax or Email

(956) 618-2490 customerservice@rioplex-safety-council.com

Office Use Only
 RPSC Account No. _____

Extranet User List

Companies may have as many "Authorized Users" as desired. *Please note: Each Field is Required.*

_____	_____	_____
First Name	Last Name	Job Title
_____	_____	_____
Phone Number	Fax Number	Mobile Number

Email Address Must Be Provided to Set-Up User Name		

_____	_____	_____
First Name	Last Name	Job Title
_____	_____	_____
Phone Number	Fax Number	Mobile Number

Email Address Must Be Provided to Set-Up User Name		

_____	_____	_____
First Name	Last Name	Job Title
_____	_____	_____
Phone Number	Fax Number	Mobile Number

Email Address Must Be Provided to Set-Up User Name		

_____	_____	_____
First Name	Last Name	Job Title
_____	_____	_____
Phone Number	Fax Number	Mobile Number

Email Address Must Be Provided to Set-Up User Name		

_____	_____	_____
First Name	Last Name	Job Title
_____	_____	_____
Phone Number	Fax Number	Mobile Number

Email Address Must Be Provided to Set-Up User Name		

_____	_____	_____
First Name	Last Name	Job Title
_____	_____	_____
Phone Number	Fax Number	Mobile Number

Email Address Must Be Provided to Set-Up User Name		



Credit Card Authorization Form

Company Name: _____

RPSC Acct #: _____

Phone Number: _____

Fax Number: _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

The Rio Plex Safety Council is authorized to charge the following *(Attach additional sheets if necessary)*:

CREDIT CARD ON FILE - To pay for future training/service invoices. The last four digits of the card must be included on the registration/authorization form or online registration (Extranet).

SINGLE USE - To pay for training or services on a one time basis. Completed registration/authorization form must be included.

INVOICES - Please list Invoice Number and Amount in space provided below.

MEDICAL - To pay for medical services on a one time basis. Completed registration/authorization form must be included.

NEW MEMBERSHIP - Please complete the On-line Membership Application at www.rioplexsafetycouncil.com

MEMBERSHIP RENEWAL

OTHER

Use this space only for invoices or for single use of card. Invoice Number or Name of Trainee	Invoice Number or Date	Amount
		\$
		\$
		\$
Total Amount To Be Charged:		\$

Fax the completed form to RPSC Accounting Department – (956) 928-1967 or email accounting@rioplexsafetycouncil.com

All receipts are emailed. Please clearly print the email address below:

Card Holder Signature (Required)

Date

