Application for Individual Membership

Individual members *are educators; students enrolled in a high school, trade school, university or culinary arts school or program; individuals considering opening a bakery, pastry shop or decorating business who are interested in obtaining information on the baking industry; personnel of RBA's corporate members (Allied, Retail, School) desiring a personal subscription to Baker's Rack, RBA NewsBrief, and Flour Facts; and retirees wishing to remain involved in the industry.*

CONTACT INFORMATION: (PLEASE PRINT)

Prefix: Name: _____

Occupation: _____

School/Bakery/Company: _____

** Retired individuals, please provide the name of the school/bakery from which you retired*

Address: _____

City, State, Zip, Country: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

♣ *Periodically, RBA may make members' mailing addresses available to outside sources for the purpose of marketing and solicitation. Please check the box to the left if you do not want your address made available for these purposes.*

HOW DID YOU HEAR ABOUT RBA?

☐ Advertisement
☐ Brochure
☐ Convention: _____
☐ RBA Member: _____
☐ RBA Website
☐ Other: _____

AREA OF INTEREST (CHECK ALL THAT APPLY)

☐ Baking ☐ Pastry ☐ Confectionary Arts ☐ Other _____

2009 MEMBERSHIP DUES (DUES ARE $50.00 ANNUALLY. MEMBERSHIP IS ON AN ANNIVERSARY CYCLE.)

☐ **Educator**
☐ **Student** Anticipated Graduation Date: _____/_____/_____
Students must provide a copy of their identification card or course schedule as proof of eligibility.

☐ **Entrepreneur** Anticipated Date of Operation: _____/_____/_____
Excludes new bakeries, pastry shops and decorating businesses, which are required to join the retail membership category. Business operation may be verified by RBA to determine eligibility.

☐ **RBA Corporate Employee** (required to be employed by a member company)
☐ **Retired**

METHOD OF PAYMENT: (SELECT ONE)

♣ Check # _____ *Please make checks payable, in U.S. funds, to Retail Bakers of America.*

♣ I authorize RBA to charge $_____ to my: ♣American Express ♣ MasterCard ♣Visa

Card # _____ Expiration date: _____

CVV # _____ (*Last three digits from number on back of card. For AMEX, use last four digits on front of card)*

Signature: _____ Date: _____

RETURN TO:

M&T Bank, Attn: Retail Bakers of America Lockbox
1800 Washington Blvd. 8th Floor, Baltimore, MD 21230
Toll Free: (800) 638-0924 • Main Line: (703) 610-9035 • Fax: (703) 610-0239 • Email: info@rbanet.com