



RDA Annual Partnership Form for period from July 1, 2018 to June 30, 2019



Partnership Options

TYPE OF PARTNERSHIP	CHECK OPTION SELECTED	AMOUNT TO PAY
PERSONAL PARTNERSHIPS		
Family/household: \$ 50.	[]	\$ _____
Individual: \$ 25.	[]	\$ _____
Student or Senior: \$ 15.	[]	\$ _____
BUSINESS PARTNERSHIPS		
1-5 employees: \$ 75.	[]	\$ _____
6-10 employees: \$100.	[]	\$ _____
11-20 employees: \$150.	[]	\$ _____
21-50 employees: \$250.	[]	\$ _____
51+ employees: \$350.	[]	\$ _____

SUBTOTAL: \$ _____

Less 15% discount for 501c3 non-profit organizations if applicable: (_____)

TOTAL AMOUNT ENCLOSED: \$ _____

I am paying online via RDA website: [] Yes [] No

If paying offline, please make checks or money orders payable to
RDA and remit payment to: RDA, P.O. Box 865, Rockville, CT 06066
Questions? Call 860.875.7439 or email info@RDAct.com

YOUR NAME: _____

ORGANIZATION: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

Phone: _____

Email: _____

The RDA is an all-volunteer, 501c3 non-profit organization. Your contributions are fully tax-deductible.

___ I'm interested in sponsorships and advertising opportunities. Please contact me.

___ I'm interested in volunteering. Please contact me.

Your Signature

Date

Thank You!