



MEMBERSHIP APPLICATION:

Name of Firm _____

Owner _____

Company Address _____
Street City State Zip Code

Website _____

Phone Number _____ Fax number _____

Who will be the primary contact person ? _____ title _____

Email Address _____

Alternate contact (if applicable) _____ title _____

E-mail Address _____

Preferred method of Contact (please circle): E-mail U.S.Post

Tell us a little about your operation:

How many years have you been in business? _____ _____

How many years have you been cleaning rugs? _____

Can you please list 2-3 trade references?

Can you please upload a picture of your facility? (mail a picture if mailing this form.)

What are your major areas of interest in ARCS? Events? Online Courses? Hands on training? Networking? CRS program?



MEMBERSHIP APPLICATION:

Membership Levels¹ (Select the level that applies). Membership fee is \$600/year

- General Member.** Membership is open to any person who owns a rug cleaning business and provides 95% of rug services at their rug care facility. Notwithstanding the foregoing sentence, if the rug business is structured as a corporation, partnership, limited liability company, or other business entity, that business entity may appoint and nominate in writing one person to represent its interests as a **General Member**.
*Although ARCS does not promote one particular rug cleaning method we do require that **95% of your rug cleaning be done "in-plant"** versus "in customer home" or contracted to another firm. Do you meet this requirement? YES NO*
- Associate members.** Any person or firm engaged in the manufacture, sale, installation and/or distribution of products and services used by general members, but not directly engaged in the rug care business. Associate
- Journeyman members.** This membership option is for the non-rug cleaning professional seeking to learn more about the rug cleaning industry. To be a standard ARCS member, 95% of all work must be done in-plant/shop. If you are not currently meeting this requirement but still want access to ARCS education, discounts and events, this is the membership option for you!

members shall have no voting rights nor shall they be eligible to serve as an officer of the corporation. Associate members may serve on committees.

¹(Membership levels as defined by the ARCS Bylaw 2.13)

Payment Method (please circle): Check Enclosed

Credit Card (fill out attached authorization)

Signature of Owner _____

**PLEASE MAIL TO THE BELOW ADDRESS FAX TO 208-977-6577
OR EMAIL TO info@rugcarespecialists.org**



MEMBERSHIP APPLICATION:

CARD INFORMATION:

Card Type (please circle): American Express / Visa / MasterCard / Discover

CreditCard# _____

Expiration Date _____ / _____

Security Code _____

Name on Card _____

BILLING INFORMATION:

same as company address

Billing address _____

City _____ State _____ Zip code _____

I agree to pay the above amount according to my card issuer agreement

_____ date ____ / ____ / ____

Would you like us to keep this record on file for future purchases? (please circle)

YES

NO

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