



Individual Membership Form

Please Print
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_
Position \_\_\_\_\_ Training Facility \_\_\_\_\_
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
Zip \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax \_\_\_\_\_
Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Program \_\_\_\_\_
Type of Program: Circle one Secondary Post-Secondary Public Post-Secondary Private
College Public College Private Corporate
Approximate # of graduates yearly: \_\_\_\_\_ Length of program: \_\_\_\_\_
Type of Credentials Awarded: \_\_\_\_\_

Membership Classification: please check your selection
\_\_\_\_\_ Certified Active Member: An educator that passed a nationally recognized HVAC/R Exam
\_\_\_\_\_ Active Member: An educator who is working to pass a nationally recognized HVAC/R Exam
\_\_\_\_\_ Associate Member: An educator not working to pass a nationally recognized HVAC/R Exam

Qualifying Exams are the ACE Technician Exams, NATE Exams, RSES CM & CMS Exams, and / or an Industry Competency Exams (ICE) from ARI. All exams require an 80% passing score. Please submit a copy of your certificate or ID card as proof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Include a check in the amount of \$25.00 (Twenty Five dollars US) payable to:
Council of Air Conditioning & Refrigeration Educators (C.A.R.E.)

Mail this form and other related information to the following address:

Council of Air Conditioning & Refrigeration Educators (CARE)
11421 E. Placita Madre, Tucson, Arizona 85749