



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)
14421 Stillmeadows Rd Montpelier VA 23192