

GENERAL INFORMATION FORM

Society: _____ Date: _____

1. Date of State Society Annual Meeting: _____

2. Does the above date change significantly from year to year? If so, by how many weeks? _____

3. Date(s) of State Society seminars:

4. How often is your society newsletter and/or journal published? _____

5. How often and when does your editor(s) change? _____

6. Date the final State Society budget for the following fiscal year is available to the AARC:

7. Corporate Status: Incorporated or Not Incorporated? _____

8. Number and dates of society business meetings. Number: _____

Dates: _____

9. Federal Income Tax Status: 501 C (3); or, 501 C (6)? _____

10. Permanent society mailing address (if any, or if applicable):

Phone: (_____) _____

Please mail or fax this form to:

American Association for Respiratory Care
Attn: Chartered Affiliates Committee Liaison
9425 N. MacArthur Blvd., Ste. 100
Irving, TX 75063
Fax: (972) 484-2720