

# BE A PART OF THE AARC NOW!



## Your Membership Makes A Difference

### Membership Application

#### ACTIVE MEMBER

An individual is eligible if he/she lives in the U.S. or its territories or was an Active Member prior to moving outside its borders or territories, and meets ONE of the following criteria: (1) is legally credentialed as a respiratory care professional if employed in a state that mandates such, OR (2) is a graduate of an accredited educational program in respiratory care, OR (3) holds a credential issued by the NBRC.

#### ASSOCIATE OR SPECIAL MEMBER

Individuals who hold a position related to respiratory care but do not meet the requirements of Active Members. They have all the rights and benefits of the Association except to hold office, vote, or serve as chair of a standing committee. The following subclasses of Associate Membership are available: Foreign, Physician, and Industrial (individuals whose primary occupation is directly or indirectly devoted to the manufacture, sale, or distribution of respiratory care equipment or supplies). Special Members are those not working in a respiratory care-related field.

#### STUDENT MEMBER

Individuals will be classified as Student Members if they meet all the requirements for Associate Membership and are enrolled in an educational program in respiratory care accredited by, or in the process of seeking accreditation from, an AARC-recognized agency.

Please read the eligibility requirements for each of the classifications to the left, then complete the form. All information requested must be provided, except where indicated as optional. See **side 2** for more information and fee schedule. Please sign and date application on **side 2** and type or print clearly. Processing of application takes approximately 15 days.

**You may apply or renew instantly on-line by going to**

**<https://appserver.aarc.org/WEB/MemberApp/Home/MemberApp/>**

Active    Associate (Foreign)    Associate (Physician)    Associate (Industrial)    Special    Student

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Social Security No. (last four digits only) \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

Your AARC dues includes membership in your state society. A portion of your money will be given to them. You are automatically assigned to a state society based on your **home address**. If you work in another state and would like to belong to that society, please list it here and provide your work address below: \_\_\_\_\_

**Work Information:** Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Preferred Fax No. ( \_\_\_\_\_ ) \_\_\_\_\_ Preferred Email Address \_\_\_\_\_

**Preferred Mailing Address:**    Home    Business   **Date of Birth** \_\_\_\_\_

**Have you ever been or are you currently in the military?**    Yes    No   **Sex** \_\_\_\_\_

#### For Student Member (Required)

School/RC Program \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Program Director \_\_\_\_\_

Expected Date of Graduation   Month \_\_\_\_\_ Year \_\_\_\_\_

Please answer these questions to help us design services and programs that meet your needs.(Optional)

#### Primary Job Responsibility (check one only)

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Clinical Specialist     | <input type="checkbox"/> Director of Clinical Education | <input type="checkbox"/> Director                            | <input type="checkbox"/> Disease Manager               |
| <input type="checkbox"/> Diagnostic Technologist | <input type="checkbox"/> Instructor/Faculty/Professor   | <input type="checkbox"/> Medical Director                    | <input type="checkbox"/> Manager                       |
| <input type="checkbox"/> Marketing               | <input type="checkbox"/> Nurse                          | <input type="checkbox"/> Owner                               | <input type="checkbox"/> Other                         |
| <input type="checkbox"/> Program Director        | <input type="checkbox"/> Patient Educator               | <input type="checkbox"/> Pulmonary Function Technologist     | <input type="checkbox"/> Product Management            |
| <input type="checkbox"/> Sales                   | <input type="checkbox"/> Supervisor/Coordinator         | <input type="checkbox"/> Sleep Technologist/Polysomnographer | <input type="checkbox"/> Sleep Technologist/Specialist |
| <input type="checkbox"/> Staff Therapist         | <input type="checkbox"/> Student                        |  |  |

#### Type of Business

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> DME/HME                         | <input type="checkbox"/> Educational Institution  | <input type="checkbox"/> Home Health Agency      | <input type="checkbox"/> Long Term Acute Care/Rehab |
| <input type="checkbox"/> Manufacturer/Distributor/Pharma | <input type="checkbox"/> Military                 | <input type="checkbox"/> Hospital                | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Physician's Office              | <input type="checkbox"/> Skilled Nursing Facility | <input type="checkbox"/> Sleep Lab Free Standing | <input type="checkbox"/> Sleep Lab Hospital Based   |
| <input type="checkbox"/> Student                         | <input type="checkbox"/> Temp                     | <input type="checkbox"/> Outpatient Facility     |   |

#### Check the Highest Degree Earned

- |                               |                               |                              |                              |                               |                              |                              |                              |                              |                              |                              |                               |                             |
|-------------------------------|-------------------------------|------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> PhD  | <input type="checkbox"/> EdD  | <input type="checkbox"/> DHS | <input type="checkbox"/> MEd | <input type="checkbox"/> MBA  | <input type="checkbox"/> MS  | <input type="checkbox"/> MHA | <input type="checkbox"/> MHS | <input type="checkbox"/> MPA | <input type="checkbox"/> MPH | <input type="checkbox"/> MEd | <input type="checkbox"/> MSN  | <input type="checkbox"/> MA |
| <input type="checkbox"/> BSRT | <input type="checkbox"/> BSRC | <input type="checkbox"/> BS  | <input type="checkbox"/> BHS | <input type="checkbox"/> BSED | <input type="checkbox"/> BSN | <input type="checkbox"/> BA  | <input type="checkbox"/> AAS | <input type="checkbox"/> AS  | <input type="checkbox"/> JD  | <input type="checkbox"/> MRC | <input type="checkbox"/> MsRC |                             |

**Job Status**    Full Time    Part Time    Years in Respiratory Care \_\_\_\_\_

**Credentials**    MD    DO    RRT-NPS    RRT-SDS    RRT-ACCS    RRT    RPFT    CRT-NPS    CRT-SDS  
 CRT    CPFT    RN    RPSGT    AE-C    CTS    EMT-P    LPN    LVN

**Honorary Credentials**    FAARC    FACHE    FAACVPR    FCCM    FCCP

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Phone: 972-243-2272



# AARC AN EXCELLENT INVESTMENT

Membership has many personal and professional benefits. The potential savings from these benefits go well beyond the cost of AARC membership, only a quarter a day!

## PLEASE SIGN

I hereby apply for membership in the American Association for Respiratory Care. If approved for membership in the AARC, I will abide by its bylaws and professional code of ethics. I authorize investigation of all statements contained herein and understand that misrepresentations or omissions of facts called for is cause for rejection or expulsion.

A yearly subscription to RESPIRATORY CARE journal and AARC Times magazine includes an allocation of \$11.50 from my dues for each of these publications.

NOTE: Contributions or gifts to the AARC are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of Association lobbying activities. The AARC estimates that the nondeductible portion of your dues -- the portion which is allocable to lobbying -- is 20%.

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

You may apply or renew instantly on-line by going to <https://appserver.aarc.org/WEB/MemberApp/Home/MemberApp/>  
**Membership Fees (U.S. dollars only)**

Payment must accompany your application to the AARC. Fees are for 12 months. These fees contain the \$12.50 new member processing fee. **Renewing members (except students) can deduct \$12.50.**

## Choose One Level of Membership

### AARC PRINT

Active, Associate (US) or Special:	<input type="checkbox"/> 1 year: \$111.50	<input type="checkbox"/> 2 years: \$200.50	<input type="checkbox"/> 3 years: \$294.50
Associate Foreign:	<input type="checkbox"/> 1 year: \$146.50	<input type="checkbox"/> 2 years: \$267.50	<input type="checkbox"/> 3 years: \$394.50
Student:	<input type="checkbox"/> 1 year: \$25	<input type="checkbox"/> 2 years: \$50	<input type="checkbox"/> 3 years: \$75

### Save \$

### Save \$\$

### AARC 1+1

Active, Associate (US) or Special:	<input type="checkbox"/> 1 year: \$106.50	<input type="checkbox"/> 2 years: \$191.50	<input type="checkbox"/> 3 years: \$280.50
Associate Foreign:	<input type="checkbox"/> 1 year: \$132.50	<input type="checkbox"/> 2 years: \$231.50	<input type="checkbox"/> 3 years: \$374.50
Student:	<input type="checkbox"/> 1 year: \$25	<input type="checkbox"/> 2 years: \$50	<input type="checkbox"/> 3 years: \$75

### AARC DIGITAL

Active, Associate (US) or Special:	<input type="checkbox"/> 1 year: \$101.50	<input type="checkbox"/> 2 years: \$181.50	<input type="checkbox"/> 3 years: \$266.50
Associate Foreign:	<input type="checkbox"/> 1 year: \$101.50	<input type="checkbox"/> 2 years: \$181.50	<input type="checkbox"/> 3 years: \$266.50
Student:	<input type="checkbox"/> 1 year: \$25	<input type="checkbox"/> 2 years: \$50	<input type="checkbox"/> 3 years: \$75

**PLUS UPGRADE**  \$35.00 per year (Includes one **free** specialty section – please mark your choice below.)

## Specialty Sections (Open to all members) E-mail address is required. Rates listed are per year.

Membership in AARC Specialty Sections connects you to others who practice in your area of respiratory care through an electronic mailing list, monthly ENewsletters, quarterly Section E-Bulletins, and an information-rich Specialty Section website. Programs created by specialty section members are integral to the AARC Summer Forum and AARC Congress.

- Adult Acute Care Section \$15.00     Education Section \$20.00     Neonatal-Pediatric Section \$15.00     Diagnostics Section \$15.00  
 Management Section \$20.00     Transport Section \$15.00     Sleep Section \$15.00     Post Acute Care Section \$15.00

**Voluntary Contributions:** \* PAC \$ \_\_\_\_\_ \*\* ARCF \$ \_\_\_\_\_ \*\*\* Disaster Relief \$ \_\_\_\_\_

\* AACRPAC is a separate aggregated fund. Voluntary political contributions by individuals should be written on personal checks. Contributions from corporations are illegal and cannot be accepted. The AARC will not favor or disadvantage anyone based upon the amounts of or refusal to make AACRPAC contributions. Contributions to a political action committee are not deductible for federal income tax purposes. \*\* American Respiratory Care Foundation (ARCF) is a not-for-profit organization formed for the purpose of supporting research, education, and charitable activities in respiratory care. Contributions to the ARCF are tax deductible. \*\*\* Disaster Relief: Donations to AARC's Disaster Relief Fund are not tax deductible.

## Payment Information

Enclosed is a check for the membership fee I selected **plus** any specialty section fees **plus** any contributions to AACRPAC or ARCF for the total amount of

\$\_\_\_\_\_. Please make checks payable to the AARC.

Please charge my dues to:     MasterCard     Visa     American Express

Card Number \_\_\_\_\_ Card Expires \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

**Send this application and fees to:**  
**American Association for Respiratory Care**  
 9425 N. MacArthur Blvd., Suite 100, Irving, TX 75063-4706 (if using a credit card)  
 or P.O. Box 650097, Dallas, TX 75265-0097 (if sending a check)

**Did you remember to give us your email address on page 1?**

**THANKS FOR BEING PART OF THE TEAM**

