

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 Member shall be Associate 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 <http://j.mp/2NLRyHv>

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

Last Name _____ First Name _____

Home Address _____

City _____ State _____ Zip _____ Country _____

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 **primary 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 _____

Primary Mailing Address: Home Business **Date of Birth** _____

Have you ever been or are you currently in the military? Yes No **Gender** _____

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 | <input type="checkbox"/> MSA |

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 CSE

Honorary Credentials FAARC FACHE FAACVPR FCCM FCCP



AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Phone: 972-243-2272

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 print subscription to RESPIRATORY CARE journal includes an allocation of \$15.00 from my dues for this publication.

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 _____

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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 Membership Option:

AARC DIGITAL (Receive all publications online)

- | | | | |
|-------------------------------|---|---|---|
| Domestic: | <input type="checkbox"/> 1 year: \$101.50 | <input type="checkbox"/> 2 years: \$181.50 | <input type="checkbox"/> 3 years: \$271.50 |
| Foreign (outside the U.S.): | <input type="checkbox"/> 1 year: \$101.50 | <input type="checkbox"/> 2 years: \$181.50 | <input type="checkbox"/> 3 years: \$271.50 |
| Student (Early Professional): | <input type="checkbox"/> 1st year: \$25 (EP1) | <input type="checkbox"/> 2nd year: \$25 (EP2) | <input type="checkbox"/> 3rd year: \$40 (EP3) <input type="checkbox"/> 4th year: \$60 (EP4) |

AARC DIGITAL & PRINT (Receive RESPIRATORY CARE in print and all other publications online)

- | | | | |
|------------------------------|---|---|---|
| Domestic: | <input type="checkbox"/> 1 year: \$116.50 | <input type="checkbox"/> 2 years: \$211.50 | <input type="checkbox"/> 3 years: \$316.50 |
| Foreign (outside the U.S.): | <input type="checkbox"/> 1 year: \$142.50 | <input type="checkbox"/> 2 years: \$216.50 | <input type="checkbox"/> 3 years: \$419.50 |
| Student (Early Professional) | <input type="checkbox"/> 1st year: \$40 (EP1) | <input type="checkbox"/> 2nd year: \$40 (EP2) | <input type="checkbox"/> 3rd year: \$55 (EP3) <input type="checkbox"/> 4th year: \$75 (EP4) |

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 online community, special mailings, and an information-rich Specialty Section website. Programs created by specialty section members are integral to the AARC Summer Forum and AARC Congress.

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Acute Care Section \$15.00 | <input type="checkbox"/> Education Section \$20.00 | <input type="checkbox"/> Neonatal-Pediatric Section \$15.00 |
| <input type="checkbox"/> Diagnostics Section \$15.00 | <input type="checkbox"/> Management Section \$20.00 | <input type="checkbox"/> Transport Section \$15.00 |
| <input type="checkbox"/> Sleep Section \$15.00 | <input type="checkbox"/> Ambulatory & Post Acute Care Section \$15.00 | |

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

*AARCPAC 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 AARCPAC 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 AARCPAC or ARCF for the total amount of

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

Please charge my dues to: MasterCard Visa American Express Discover

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)

Thanks for Being Part of the Team

