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 my.aarc.org

☐ 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. (_______) ___________________________ Email Address ___________________________

Expected Date of Graduation Month ________ Year ________

For Student Member (Required)

School/RC Program ___________________________ Address ___________________________

City ___________________________ State _____________ Zip _____________

Phone No. (_______) ___________________________ Program Director ___________________________

Check the Highest Degree Earned

☐ PhD ☐ EdD ☐ DHSc ☐ MEd ☐ MBA ☐ MS ☐ MHA ☐ MHS ☐ MPA ☐ MPH ☐ MSED ☐ MSN ☐ MA ☐ BSRT ☐ BSRC ☐ BS ☐ BHS ☐ BSED ☐ BSN ☐ BA ☐ AAS ☐ AS ☐ JD ☐ MRC ☐ MSRC ☐ 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 ☐ RPST ☐ AE-C ☐ CTTS ☐ EMT-P ☐ LPN ☐ LVN ☐ CSE

Honorary Credentials ☐ FAARC ☐ FACHE ☐ FAACVPR ☐ FCCM ☐ FCCP ☐ FNAP

Last Updated: 05.08.2023

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.

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 non-deductible portion of your dues – the portion which is allocable to lobbying – is 5%.

Signature ____________________________ Date ____________________________

You may apply or renew instantly online by going to my.aarc.org

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. Senior membership is available with certain restrictions. Email info@aarc.org for more information or visit https://www.aarc.org/go/senior-membership

Choose One Membership Option:

AARC DIGITAL (Receive all publications online)

Domestic:
- 1 year: $108.50
- 2 years: $188.50
- 3 years: $278.50

Foreign (outside the U.S.):
- 1 year: $108.50
- 2 years: $188.50
- 3 years: $278.50

Student (Early Professional):
- 1st year: $25 (EP1)
- 2nd year: $25 (EP2)
- 3rd year: $40 (EP3)
- 4th year: $60 (EP4)

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

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

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

* AARC PAC 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 AARC PAC 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 AARC PAC 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
Attention: Membership, 9425 N. MacArthur Blvd., Suite 100, Irving, TX 75063-4706

Thanks for Being Part of the Team