

# BE A PART OF THE AARC NOW!

## Your Membership Makes A Difference

### 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 Members 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.

**SPECIAL NOTICE** — Student Members do not receive Continuing Respiratory Care Education (CRCE) transcripts. Upon completion of your respiratory care education, continuing education credits may be pursued upon your reclassification to Active or Associate Member.



### Membership Application

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://secure.aarc.org/membership/>

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

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

Social Security No. \_\_\_\_\_ Home Address \_\_\_\_\_

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

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

You are automatically assigned to a state society based on your **home address**. If you wish to be assigned to a different state society, please indicate which state that is here: \_\_\_\_\_

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

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

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

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

Preferred Mailing Address:  Home  Business

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

#### 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.

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

- Diagnostic Technologist    Director (Technical or Program)    Instructor/Educator    Medical Director  
 Nurse    Student    Supervisor    Therapist/Technician    Other, please specify \_\_\_\_\_

#### Type of Business

- DME/HME    Educational Institution    Home Health Agency    Hospital    Manufacturer or Supplier  
 Outpatient Clinic    Physician's Office    Sleep Laboratory (Free Standing)    Sleep Laboratory (Hospital Based)  
 SNF    Other, please specify \_\_\_\_\_

#### Check the Highest Degree Earned

- RC Graduate Technician    High School    Associate's Degree  
 Bachelor's Degree    Master's Degree    Doctorate Degree

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

**Credentials**    RRT    CRT    CPFT    RPFT    NPS    AEC    RPSGT    DO/MD    RN    LVN/LPN    CRNA

**Date of Birth** \_\_\_\_\_ **Sex** \_\_\_\_\_

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

# AARC

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!

# AN EXCELLENT INVESTMENT

## 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, if applicable.

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 19%.

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 members processing fee.

Renewing members (except students) can deduct \$12.50.

## Choose One Level of Membership

**AARC REGULAR MEMBERSHIP** (Receive both AARC Times magazine and RESPIRATORY CARE journal)

Active \$102.50    Associate (Industrial or Physician) \$102.50    Associate (Foreign) \$117.50    Special \$102.50    Student \$50.00

➔ **NEW! AARC REGULAR MULTI-YEAR MEMBERSHIP**    Active **or**    Associate (U.S. only) **or**    Special **for:**    2 years \$170 **or**    3 years \$240

Or

**AARC CHOICE MEMBERSHIP** (Choose one publication)   I want    AARC Times magazine **or**    RESPIRATORY CARE journal

Active \$91.00    Associate (Industrial or Physician) \$91.00    Associate (Foreign) \$106.00    Special \$91.00

Or

**AARC PLUS MEMBERSHIP** (All publications and other special benefits)

Active \$137.50    Associate (Industrial or Physician) \$137.50    Associate (Foreign) \$177.50    Special \$137.50

(Includes one **free** specialty section – please mark your choice below.)

Or

**Web-only MEMBERSHIP** (Open only to international members)

Foreign \$92.50

## Specialty Sections (Open to all members) E-mail address is required.

Membership in AARC Specialty Sections connects you to others who practice in your area of respiratory care through an electronic mailing list, monthly E-Newsletters, quarterly Section E-Bulletins, and an information-rich Specialty Section website. Programs created by specialty section members are integral to AARC Summer Forum and AARC International Respiratory 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    Long-Term Care Section \$15.00    Home Care Section \$15.00  
 Continuing Care Rehabilitation Section \$15.00    Sleep Section \$15.00

## Payment Information

Enclosed is a check for the membership fee I selected **plus** any specialty section fees 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

Fax: 972-484-2720 • Phone: 972-243-2272

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

# THANKS FOR BEING PART OF THE TEAM

