

TSRC Membership Application

P.O. Box 515239 Dallas, TX 75251-5239
972-495-9200 FAX 972-495-9025

Membership Categories and Eligibility (check one)

Active Member – \$30.00

Individuals are eligible for Active Membership if they are an active member of the AARC. An Active Member shall have all rights and privileges of the Society and its subdivisions. (Enter AARC member # _____)

State Member – \$45.00

Individuals are eligible for State Membership if they are a graduate of a CoARC approved Respiratory Care program or hold a current RCP certificate and their primary function within a recognized institution or organization is directly related to the patient receiving respiratory therapy under medical direction, or the education or training of respiratory care students. They shall not be an active physician. A State Member shall have all the rights and privileges of the Society and its subdivisions except those of holding the office of Delegate or Senior Delegate or TSRC elected Executive Officer. A State Member shall not have the right to vote for the office of Delegate or Senior Delegate.

Associate Member – \$40.00

Individuals are eligible for Associate Membership if they hold a position related to respiratory care and do not meet the requirements to become an Active or State Member of the Society. Individuals who are directly involved in the manufacture of or profit from the sale of gases, equipment, or drugs are eligible to become Associate Members of the Society. Physicians are also eligible for Associate Membership. Associate Members shall have all rights and privileges of the Society and its subdivisions except those of holding office and voting.

Student Member – \$25.00

Individuals are eligible for Student Membership if they are currently enrolled in a Respiratory Care educational program accredited by, or in the process of seeking accreditation from CoARC. Student Members shall have all rights and privileges of the Society and its subdivisions except those of holding office and voting.

Management Section – \$5.00

Education Section – \$5.00

<p>Personal Information</p> <p>Last Name _____</p> <p>First Name _____</p> <p>Middle Name _____ CRT <input type="checkbox"/> RRT <input type="checkbox"/></p> <p>Social Security Number _____</p> <p>Home Address _____</p> <p>City _____</p> <p>State _____ Zip (9 digit) _____</p> <p>County _____</p> <p>Phone (w/AC) _____</p> <p>Email Address _____</p> <p>Employment Information</p> <p>Employer _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____ Zip (9 digit) _____</p> <p>County _____</p> <p>Phone (w/AC) _____</p> <p>Medical Director _____</p> <p>Preferred Mailing Address Home <input type="checkbox"/> Work <input type="checkbox"/></p>	<p>Primary Job Responsibility (check one)</p> <p>Director <input type="checkbox"/> Staff Therapist <input type="checkbox"/></p> <p>Asst. Director <input type="checkbox"/> Home Care <input type="checkbox"/></p> <p>Supervisor <input type="checkbox"/> Sales <input type="checkbox"/></p> <p>Pulmonary Function <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Instructor/Educator <input type="checkbox"/></p> <p>I hereby submit application for membership in the TSRC and enclose payment for dues for one year. When approved for membership in the TSRC, I will abide by its bylaws and professional code of ethics. I hereby authorize investigation of all statements contained herein and I understand that misrepresentation or omission of facts called for will be cause for rejection or expulsion. I also understand that membership dues payments made to the TSRC are not tax deductible as charitable contributions for federal income tax purposes.</p> <p>_____ Signature Date</p> <p>Payment method: Check <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/></p> <p style="text-align: center;">(DEBIT CARDS NOT ACCEPTED)</p> <p>_____ Account Number</p> <p>_____ Card Security Code Expiration Date</p> <p>_____ Signature</p>
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