**Last Name First Name**

**Title Organization** \_

**Address**  **City State**  **Zip Code**

**Phone Email**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Renewing Memberships – Member #**

**Membership Classification:** (Select One)

**Individual Member** – Respiratory Therapists who have an interest in associate degree respiratory care education. Individual members have all the rights of membership, shall have one vote, and have the right to hold office. (Annual Membership fee: $30.00.)

**Associate Members** – Individuals other than respiratory therapists with an interest in associate degree respiratory care education. Associate members have all the rights of membership, shall have one vote, and have the right to hold the office of Director. (Membership fee: $30.00.)

**Institutional Members** – Institutions of higher education that have an interest in associate degree respiratory care education. (Membership fee: $300.00)

**Agency** – Organizations that have an interest in associate degree respiratory care education. (Membership fee: $500.00)

**Student Members**- Individuals who are currently enrolled in an educational program who, upon completion, will be eligible for individual membership. (Membership fee: $10.00)

**Instructions: Visit our website to join online:** [**www.NA2RC.org**](http://www.NA2RC.org) **-OR- complete and mail form/check to:**

**Christiaan Evans, MS, RRT, Treasurer, NA2RC 606 S.E. 4th Street Cape Coral, FL. 33990 (Make out check to: “NA2RC”)**

**Thank you! Please expect membership confirmation by email following receipt of your completed membership form and payment.**