



*"Providing Professional Advocacy for the Associate Degree Respiratory Care Career Pathway."*

## **National Network for Associate Degree Respiratory Care**

### **MEMBERSHIP FORM**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Title \_\_\_\_\_ Organization \_\_\_\_\_  
Street 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. (Membership fee: \$25. *\*See additional note below.*)

**Associate Members** – Individuals other than respiratory therapists that have 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: \$25. *\*See additional note below.*)

**Institutional Members** – Institutions of higher education that have an interest in associate degree respiratory care education. (Membership fee: \$200)

**Agency** – Organizations that have an interest in associate degree respiratory care education. (Membership fee: \$500)

**Student Members**- Individuals who are currently enrolled in an educational program who upon completion will be eligible for individual membership. (Membership fee: \$5)

**Eligibility for Membership** – Membership is open to individuals and agencies interested in the goals and objectives of the organization.

- Instructions: *Option A:***
- 1. Complete form**
  - 2. Make check out to NN2RC**
  - 3. Mail form and check to:**  
**Idichandi Idicula, MS, RRT**  
**Respiratory Care Program**  
**El Centro College**  
**301 N. Market Street**  
**Dallas, TX 75202**

***Option B:* Visit our website.**  
**Join online at:**  
**[www.NN2RC.org](http://www.NN2RC.org)**

Following receipt of your completed membership form and payment, we will forward a membership card to you. Please indicate preferred email address: \_\_\_\_\_

***By joining the NN2RC, you will help us to achieve our vision: “To confirm the role of the Associate Degree for entry into the Respiratory Care educational and career pathways.”***