

RESPIRATORY NURSING SOCIETY
MEMBERSHIP APPLICATION

RNS Membership Drive

In an effort to increase our membership and to maintain the viability of RNS we are resuming our membership drive. Therefore if you, as a member of RNS, recruit five (5) new members to RNS in a one year time frame (between January 1, 2009 and December 31, 2009) you have the option of a free one year membership to RNS or a free registration to the RNS Educational Conference. ***New members recruited must indicate at the time of initial application for membership the sponsoring RNS member to be considered a valid recruitment.***

(please print)

DATE _____

**IF CHANGE IN ADDRESS/ OR
MEMBERSHIP INFORMATION
PLEASE CHECK _____**

Name _____ Credentials _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

FAX _____ Preferred Email _____

Place of Employment/address _____

Position/Title _____

Sponsoring RNS Member _____

Membership fees: (visit our website @ www.respiratorynursingsociety.org for descriptions of each membership)

New Member _____ Renewal _____

Voting member	\$75.00 _____	Retired member	\$50.00 _____
Associate member	\$75.00 _____	Student member	\$50.00 _____
Corporate member	\$1500.00 _____		

Do you want your name and address on a list that may be made available for purchase by other professional health care organizations? Yes _____ No _____

Payments can be made by check or credit card. Checks should be made payable to: ***Respiratory Nursing Society***. If paying by credit, please clearly print the following:

Credit Card #: _____

Name on Credit Card(print clearly) _____

Expiration date: _____ Amount \$ _____

Signature _____

Please mail application and payment to:
Respiratory Nursing Society
c/o Donna Bond
309 E Lee Ave
Vinton, VA 24179