

RESPIRATORY NURSING SOCIETY - MEMBERSHIP

If your corresponding address or membership information has changed, please check here: _____

Please print legibly.

DATE _____

Name _____ Credentials _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

FAX _____ Preferred Email _____

Place of Employment/address _____

Position/Title _____

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) _____

If billing address is different than home address, please complete the following:

Billing Address _____

City _____ State _____ Zip Code _____

Expiration date: _____ Amount \$ _____

Signature _____

Please mail application and payment to:
Respiratory Nursing Society
c/o Casey Norris, Treasurer
708 Gladstone Circle
Maryville, TN 37804