

# 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 \_\_\_\_\_

Sponsoring RNS Member \_\_\_\_\_

**Membership fees:** (visit our website @ [www.respiratorynursingsociety.org](http://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 Tracy S. Estes  
3816 Hawthorne Ave  
Richmond, VA 23222