



Professionalism · Advocacy · Commitment · Excellence

Membership Application

Membership Levels

Active	Individuals are eligible for Active membership if they are an AARC Active or Life member in good standing. Active Members shall have the right to vote and hold office as well as all rights and privileges of the Corporation and its subdivisions.
State (CA Membership Only)	Individuals are eligible for State Membership if they are not Active members in the Corporation. State Members shall have all the rights and privileges of the Corporation and is subdivision except voting and holding office. State Members shall be eligible to hold appointed position in the corporation regions only.
Associate	Individuals are eligible for Associate membership if they have an interest in the respiratory profession and do not meet the requirement to become an Active or State member of the corporation. Associate members shall have all the rights and privileges of the corporation and its subdivisions except holding office and voting.
Student	Individuals who are enrolled in a respiratory therapy program are eligible for Student Membership. Student members shall have all the rights and privileges of the Corporation except they shall be non-voting members. Student members shall be eligible to hold appointed positions.

CSRC REGIONS – COUNTIES WITHIN THE REGIONS

Northern California	Del Norte, Humboldt, Lake, Mendocino, Alpine, Butte, Colusa, el Dorado, Glenn Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Yuba, Siskiyou, Sutter, Tehama, Trinity, Yolo
Greater Bay Area	Alameda, Contra Costa, Solano, Sonoma, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Monterey, San Benito
Central California	Kern, Fresno, Madera, Tulare, Mono, Inyo, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, Tuolumne
Southern California	Los Angeles, Orange, Ventura, Santa Barbara, San Luis Obispo
San Diego	San Diego, Imperial
Inland Empire	San Bernardino, Riverside

I hereby apply for membership in The California Society for Respiratory Care, Inc. In applying for membership the Society, I agree to and will abide by the bylaws of the Society and will pay dues and assessments established by the Board of Directors.

Membership Dues choices: NEW AARC MEMBERS ADD \$12.50 FOR AARC PROCESSING

CSRC-AARC Options	1 year	2 year	CSRC Options	1 year	2 year
Option #1 All Print (both publications in print format)	\$169	\$314	Active (must be an AARC member), State (CSRC only) or Associate **New Graduate Special	\$70** \$50	\$126 \$86
Option #2 1+1 (1 publication in print, 1 in digital)	\$164	\$305	Student	\$25	\$45
Option #3 All Digital (both publication in digital format)	\$159	\$295	Student – School name & Grad Date _____		

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OPTION #2 only: which AARC publication you want to receive in print format: AARC Times or RC Journal

AARC Specialty Section Add Ons

Adult Acute Care \$15	Continuing Care \$15	Diagnostics \$15	Education \$20	Home Care \$15
Long Term Care \$15	Management \$20	Neonatal/Pediatrics \$15	Sleep \$15	Surface & Air Transport \$15

** The CSRC Political Action Committee (PAC) raises and spends funds for political purposes. CSRC Active, State and Associate Membership dues include \$5.00 to support the PAC.

Please check here _____ if you do not want to donate to the CSRC PAC. Deduct \$5.00 from total below.

I would like to donate an additional \$ _____ to the CSRC PAC

I would like to donate an additional \$ _____ to Seventy Square Meters Foundation (CSRC Foundation) to support student scholarships

Please join online at www.csrc.org or complete the information below and mail or fax to:

CSRC 1961 Main Street, Suite 246, Watsonville CA 95076 (888) 730-CSRC (2772) (831) 763-CSRC (2772) FAX: (831) 763-2814

*Total Fees Paid \$ _____ (Dues choice + Options if any)

Notice: 10% of your dues are not deductible as a business expense due to the extent CSRC engages in lobbying activities

RCP# _____ AARC # _____ Graduation date if student _____

Name _____ email _____ Preferred Phone # _____

Address: _____ City _____ ST _____ Zip _____

Payment by Check # _____ or Credit Card: Visa MC AMEX Discover

Credit Card Number _____ Exp Date ____/____/____ CVV _____

VISA, MC & DISC 3 digits back of card, AMEX 4 digits top right of card

Name on Card (print) _____ Auth. Signature _____

Thank you for your membership.