



Florida Society for Respiratory Care

Membership Application

PLEASE RENEW OR ENROLL ME AS A MEMBER OF THE FLORIDA SOCIETY FOR RESPIRATORY CARE.

Name _____ Phone (_____) _____ - _____

Address _____

Address _____

City _____ State _____ Zip _____

Respiratory License # _____ Work Affiliation _____

IMPORTANT: Email Address _____ @ _____

FSRC Membership applying for:

(_____) **ACTIVE** \$25/YEAR – **Must be an active AARC Member** – AARC # _____ (required)
Go to www.AARC.org for information and membership

(_____) **ASSOCIATE** \$45/YEAR (Associate receives all benefits except voting/holding office)

(_____) **Student** \$20/YEAR- Must be enrolled in a Respiratory Care program
FREE if Program Director and Clinical Instructors are Members of the FSRC & AARC

Charge your membership dues by Credit Card

Credit Card you are charging to: _____ Visa _____ MasterCard

Card Number _____ Expiration Date ____/____/____

Name of Card Holder _____

Signature _____ Date _____

Apply online at FSRC.org or mail form to:

FSRC P.O. Box 2500 Lutz, FL 33548

Toll Free Info: 1-866-534-6172 Local Phone: 813-649-8942 Fax Line: 813-426-3323

P.O. Box 2500, Lutz, FL 33548 Toll Free 1-866-534-6172 E-mail fsrc@fsrc.org