

MSRC Goals

1. To meet the professional, clinical and educational needs of respiratory therapists and other health care providers in all work sites.
2. To encourage and develop educational programs on a regional basis regarding the current art and science of Respiratory Care and to further the scholarship of the membership.
3. To disseminate information, provide a forum for professional debate and to serve as a communication link between the MSRC membership and the AARC.
4. To act as a liaison between MSRC members and government, healthcare professional organizations, healthcare agencies, and consumers.
5. To act as an advocate for cardiopulmonary health promotion and disease prevention.

Member Categories

Membership is open to full and part-time respiratory care practitioners, managers, educators, other health care practitioners and students.

Active: A current "Active" member of AARC who lives or works in the state of Michigan.

Associate: A person that meets all of the following qualifications:

1. Is not eligible for "Active" membership in the AARC.
2. Holds a position or interest related to respiratory care.

Student: Currently enrolled in an accredited Respiratory Care program or a program in the process of seeking accreditation through an agency recognized by the AARC.

MSRC Vision

The MSRC was founded in 1959 to assist individuals employed in the field to be successful in the credentialing process.

Michigan Society for Respiratory Care

3300 Washtenaw Avenue, Suite 220
Ann Arbor, Michigan 48104-4200

Membership
Application

Breathing life into your career



Breathing life into your career

Michigan Society for Respiratory Care
www.MichiganRC.com

Benefits of Membership

- Discounted registration to all educational events.
- Multi-day Annual Spring Seminar with the latest in technology, patient care and current events.
- Many single day and single topic seminars offered at numerous sites in the state.
- Active representation on critical legislative issues and developments affecting cardiopulmonary patients and respiratory care practitioners.
- Bi-monthly newsletter, "The MSRC Messenger" and other publications to keep you informed.
- Membership in your local MSRC district.
- Membership in up to two specialty practice sections. These include management, educators, acute care, neonatal/pediatrics, diagnostics, pulmonary rehabilitation, subacute/long-term care, home care, asthma education, and research.
- Access to the clinical expertise of leaders in the specialty practice sections.
- Networking opportunities with MSRC district representatives and specialty section members.
- Access to industrial representatives with state-of-the-art equipment and supplies for Respiratory Care patients.
- Outstanding Internet Web site with links to educational sources to help you with every aspect of your work regardless of your position.
- Membership in one of the oldest, most active Respiratory Care Societies in the country.
- The most accessible resource to make your job easier.

You will find that MSRC is a valuable investment of your time. It's an association concerned with meeting our professional needs. So, if you're looking for the breath of life in your career, join MSRC today!

MEMBERSHIP APPLICATION

MSRC welcomes your application to become a member of one of the largest chapters of the American Association for Respiratory Care. *Membership in MSRC will run one year from the date and month a member's application and payment are received.*

Personal Information:

Preferred Mailing Address: Home Work

Name: _____

Credentials: RRT CRT CPFT RPFT Other: _____

Have you been a MSRC member before? Yes No

Under what name: _____

Home Address:

Street: _____

City / State / Zip: _____

Phone: _____ Fax: _____

County: _____

Work Address:

Company: _____

Title: _____

Dept.: _____

Street: _____

City / State / Zip _____

Phone: _____ Fax: _____

County: _____

Email: _____

Students Only:

School Name: _____ Month/Year of Expected graduation: _____

Payment Method:

Please make checks payable to MSRC. Mail or fax application with payment to: MSRC, 3300 Washtenaw Ave., Ste. 220, Ann Arbor MI 48104, Fax: 734-677-2407.

Check/Money Order # _____

Visa/Mastercard # _____ Exp. Date: _____

Signature: _____

Read and Sign

I hereby certify that I meet the criteria for the membership status for which I apply. If approved for membership, I will abide by the bylaws and professional code of ethics of MSRC.

Signature: _____ Date: _____

Questions: Call MSRC at 734-677-MSRC (6772)

Please check appropriate membership category:

Active (\$30)

AARC # _____
(if known)

Associate (\$40)

Student (check one)

1 Year (\$20)

2 Year (\$30)

Specialty Sections:

(Check up to two (2))

Adult Acute Care

Asthma

Diagnostics

Educators

Home Care

Management

Neonatal/Pediatric

Pulmonary Rehabilitation

Sub-Acute/Long Term Care

Volunteer Involvement:

(Check as many as apply)

Asthma

Audit & Budget

Awards & Scholarship

Bylaws & House Rules

District Affairs

Industrial Relations

Judicial

Legislative

Membership

Nominations & Elections

Political Action

Professional Development

Professional Practices

Program

Publications

Public Relations

Research

Office Use Only:

New Reinstatement

QB: _____

DB: _____