

2010 MEMBERSHIP INFORMATION SHEET
(PLEASE COMPLETE BOTH PAGES OF FORM)

MEMBERSHIP: New

Renewal

ACTIVE MEMBER (VOTING MEMBERS) - MD, PhD, DO or equivalent degree. Must be a specialist in respiratory disease or interested in the objectives of CRS; \$100 annually.
 ASSOCIATE MEMBER - Nurses, Respiratory Care Practitioners and other allied health care professionals interested in the objectives of CRS; \$50 annually.
 IN-TRAINING MEMBER - Open to fellows and students-in-training; \$50 annually.
 RETIRED MEMBER - Must qualify as an active member and be retired; \$0 annually.

CONTACT INFORMATION:

Last Name Initial First Name M i d d l e

Telephone Fax

E-mail Address

EDUCATION: Please check your degree(s) earned.

MD DO PhD MA MS MSN RN RRT PT Other _____

Credentials

Present Position/Title

WORK:

INCLUDE IN CRS MEMBER REFERRAL DIRECTORY INFORMATION	Yes	No
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Company/Institution Specialty

Street Address

Office/Suite/Room/Mailbox # City State Zip Code

Office Telephone Office Fax

Appointment Desk Phone # E-mail Address

Are you affiliated with a University or College? Yes No

Are you in a private practice? Yes No

Are you a member of any of the following professional organizations? ATS ACCP AASM AAAAI SCCM AATS

What is your primary focus? Clinical Research

PRIMARY AREA OF FOCUS: Please check all that apply.

Adult Allergy	Adult Critical Care	Adult Pulmonary	Adult Other _____
Pediatric Allergy	Pediatric Critical Care	Pediatric Pulmonary	Pediatric Other _____
Community Organizer	Health Education	Public Health	Other _____

PAYMENT INFORMATION:

Active Member - \$100 Associate Member - \$50 In-Training Member - \$50 Retired Member - \$0

My dues payment of \$ _____ is enclosed.

Please make checks payable to: Respiratory Health Association of Metropolitan Chicago (ID #36-2222 687),
c/o Professional Services 1440 W. Washington Blvd., Chicago, IL 60607-1878

Please charge my dues to the following account: Visa MasterCard American Express Discover

Account Number Exp. Date

Would you be willing to be a CRS contact at your institution?	Yes	No
Would you be interested in serving on a CRS committee(s)?	Yes	No
If yes, which one(s)?	Program & Planning Committee Practice Committee	Nominations Committee
Would you be interested in serving on any of the following RHAMC initiatives?	Yes	No
If yes, which one(s)?	Asthma Action Plan Lung Cancer Initiative	COPD Initiative Women and Lung Health Initiative
Would you like to join RHAMC's e-advocacy network?	Yes	No
<small>The e-advocacy network alerts members to proposed legislative changes affecting public health and provides a means for constituents to get involved in the fight against lung disease. Members receive regular updates on issues affecting lung health, and Action Alert emails notifying them of pending legislation regarding health care, tobacco control and the environment.</small>		
Would you be interested in serving on the local scientific research review committee?	Yes	No
Would you be willing to serve as a media spokesperson in your area of expertise?	Yes	No
If yes, which one(s)?	Advocacy Asthma Lung Cancer Smoking and Smoking Cessation Women and Lung Health	Air Pollution COPD Occupational Lung Disease Tuberculosis Other _____
Would you like to be added to the Referral Directory?	Yes	No
Would you like to be contacted with speaking opportunities?	Yes	No
If yes, which topics would you speak on?		

2010 MEMBER SURVEY

Please return application to:
Holly Herald, Project Coordinator
Respiratory Health Association of Metropolitan Chicago
1440 W. Washington Blvd., Chicago, IL 60607-1878
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E-mail: hherald@lungchicago.org
www.lungchicago.org