



## RMCRA 2010-11 ANNUAL MEMBERSHIP APPLICATION

Complete and Mail to:  
Rocky Mountain Cardiopulmonary Rehabilitation Association  
P.O. Box 1171  
Greeley 80632  
**(Please Print Legibly)**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Institution: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Active AACVPR Member Number \_\_\_\_\_

**Make \$35 check payable to RMCRA**

We would very much like to include your name and contact information in the membership directory.

The directory will only go to the RMCRA members:

Yes, I agree to list my information: \_\_\_\_\_ No, do not list my information: \_\_\_\_\_

List - Home Address \_\_\_\_\_ or Work Address \_\_\_\_\_ in Membership Directory

\$35 Fees for Membership will be from May 2010 through April 2011.

You will receive a new membership card in the mail.

Interested in RMCRA officer position and/or committee? \_\_\_\_\_

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