



**SCHOOL OF HEALTH PROFESSIONS**  
**UT HEALTH SCIENCE CENTER<sup>®</sup>**  
**RESPIRATORY CARE ALUMNI ASSOCIATION**

**RCAA**

7703 Floyd Curl Drive  
Mail Code 6247  
San Antonio, Texas  
78229-3900

Phone:  
210-567-8850  
Fax:  
210-567-8852

Yes, please include me as an RCAA Associate Member.

Please select all that apply-

Membership Dues:

2009-2010 Annual Membership Dues- \$50.00  
Annual Dues will accumulate for three years, at which point they will be rolled into a lifetime membership.

Lifetime Dues- \$150.00  
One-time only fee

In addition, I wish to donate to the RCAA Scholarship Endowment in the amount of \$ \_\_\_\_\_

Please include my contact information in the RCAA Membership Registry  
Check all that apply, please make corrections as necessary.

- Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Please omit my contact information from the RCAA Membership Registry

Please tell us a little about yourself and what you have been up to since graduation:

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Please Return To:  
RCAA  
Mail Code 6247  
7703 Floyd Curl Drive  
San Antonio, TX  
78229-3900

**\*Please make check or money order payable to RCAA**