



MEMBERSHIP APPLICATION - FY12

September 1, 2011 - August 31, 2012

Please return this Membership Application by mail, fax or scanned email attachment to the attention of Marlee Puckett at: BCRAC 4404 S Clack Ste B , Abilene, Texas 79606

Phone: 325-660-6081 - Fax: 877-412-3701

(Organization/Individual Name)

(Street)

(City)

(State)

(Primary Designated Representative's Name - One Per Organization)

(Phone Number)

(Fax Number)

(Email address)

(Alternate Designated Representative's Name - One Per Organization)

(Phone Number)

(Fax Number)

(Email address)

MEMBER CLASSIFICATION & FEES

According to BCRAC Bylaws, annual dues (September - August) are assessed based on your classification with the Texas Department of State Health Services. Please check one of the following, filling in your calculated fees based on your associated bed/ambulance/asset information as applicable:

Voting Membership

- Hospital/medical Facilities \$100
- EMS/Ambulance \$100
- Air Ambulance \$100
- Schools and Colleges \$100
- Physicians Groups \$100
- Professional Associations \$100
- First Responders/Volunteer \$100

Associate (Non-voting) Members:

- Individuals \$50
- Organizations (non-health related) \$50

Payment

- Pay member dues from Tobacco Education grant
- Mailing dues must be received by December 1, 2011

I/my organization acknowledge(s) responsibilities as a member and essential component of the emergency healthcare system established by the State of Texas for the sixteen counties comprising Trauma Service Area - D. I affirm its/my willingness to comply, as appropriate, with state and/or regional guidelines, obligations and by-laws as presented by the Big Country Regional Advisory Council (BCRAC) and its Board, generally found on WWW.BCRAC.org.

Authorized Signature (V.P. equivalent or above)

Printed Name

Date

Title

Texas Hospital/Provider License #

Exp Date

**Payment of fees to BCRAC will be requested by mailed invoice after the final review/approval of the member application

*****BELOW THIS LINE FOR BCRAC USE ONLY *****

Approval/Disapproval

BCRAC Staff Recommendation

Comments (if any)

Initials

Date

Approval/Disapproval

BCRAC Staff Recommendation

Comments (if any)

Initials

Date