



# MEMBERSHIP APPLICATION - FY11

September 1, 2010 - August 31, 2011

Please return this Membership Application by mail, fax or scanned email attachment to the attention of Marlee Puckett at: BCRAC 6250 US Hwy 83/84, Abilene, Texas 79606

Phone: 325-660-6081 - Fax: 325-437-4888

(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, 2010

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