



MEMBERSHIP APPLICATION - FY16-17

September 1, 2016 - August 31, 2017

Please return this Membership Application by email
marlee_puckett@yahoo.com or 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

<input type="checkbox"/> Hospital/medical Facilities	\$100
<input type="checkbox"/> EMS/Ambulance	\$100
<input type="checkbox"/> Air Ambulance	\$100
<input type="checkbox"/> Schools and Colleges	\$100
<input type="checkbox"/> Physicians Groups	\$100
<input type="checkbox"/> Professional Associations	\$100
<input type="checkbox"/> First Responders/Volunteer	\$100

Associate (Non-voting) Members:

<input type="checkbox"/> Individuals	\$50
<input type="checkbox"/> Organizations (non-health related)	\$50

Payment

- Pay member dues from Tobacco Education grant
 Mailing dues must be received by December 1, 2016

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