

ALABAMA ASSOCIATION OF RESCUE SQUADS, INC

Post Office Box 569

Addison, AL 35540

Phone 1-800-452-8431 Fax 1-256-747-3633

www.alars.org

INITIAL MEMBERSHIP/RENEWAL APPLICATION

ORGANIZATION NAME, ADDRESS AND GENERAL INFORMATION

NAME: _____

CARE OF: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

COUNTY: _____ PH: _____ FAX: _____

E-MAIL: _____

MEETING SCHEDULE: _____ TIME: _____

CHECK ALL TYPES OF RESCUE SERVICES YOU PROVIDE

WATER RECOVERY	<input type="checkbox"/>	SCUBA	<input type="checkbox"/>	UNDERWATER CAMERA	<input type="checkbox"/>
GROUND SEARCH	<input type="checkbox"/>	CAVE RESCUE	<input type="checkbox"/>	RAPELLING	<input type="checkbox"/>
EXTRICATION	<input type="checkbox"/>	FIRE	<input type="checkbox"/>	HAZMAT	<input type="checkbox"/>
K-9	<input type="checkbox"/>	TRANSPORT ALS	<input type="checkbox"/>	TRANSPORT BLS	<input type="checkbox"/>
INSTRUCTORS	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

IF YOU ARE A NEW ORGANIZATION APPLYING FOR MEMBERSHIP, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR AN INDIVIDUAL WE CAN CONTACT TO ARRANGE INSPECTION. THIS SHOULD BE SOMEONE WHO IS KNOWLEDGEABLE ABOUT YOUR ORGANIZATION AND IT'S OPERATION.

NAME _____ **PH:** _____

WHEN IS THE BEST TIME TO CONTACT THIS PERSON? _____

ORGANIZATION OFFICERS

HIGHEST RANKING:

(RANK)	(NAME)	(HOME PH)	(CELL PH)
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SECRETARY: _____

2ND RANKING: _____

3RD RANKING: _____

4TH RANKING: _____

CONTACT PERSONNEL INFORMATION

LIST UP TO THREE ADDITIONAL MEMBERS OR CONTACTS (OTHER THAN OFFICERS) THE AARS CAN CONTACT IN THE EVENT THE SERVICES OF YOUR SQUAD ARE NEEDED.

NAME	HOME PHONE NUMBER	CELL PHONE NUMBER

MEMBERSHIP INFORMATION

TYPE OF MEMBERSHIP	AARS	NON-AARS	TOTAL
NUMBER OF ACTIVE MEMBERS			
NUMBER OF RESERVE MEMBERS			
NUMBER OF AUXILIARY MEMBERS			

NOTE: ONLY MEMBERS OF THE AARS ARE ELIGIBLE FOR RESCUE SQUAD TAGS AND OTHER BENEFITS PROVIDED BY AARS.

EMS INFORMATION	YES	NO
DOES YOUR SQUAD OPERATE AN AMBULANCE SERVICE		

IF YOU ANSWERED YES TO THE ABOVE QUESTION, COMPLETE THE FOLLOWING.

WHAT TYPE OF SERVICE DO YOU OPERATE?	ALS		BLS	
ARE YOU LICENSED BY THE STATE HEALTH DEPT.?	YES		NO	
DO YOU CHARGE FOR YOUR AMBULANCE SERVICE?	YES		NO	

WHAT IS YOUR LEVEL OF SERVICE?	PRIMARY		BACKUP	
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IF YOUR SQUAD HAS PAID PERSONNEL, HOW MANY ARE FULL-TIME?

PLEASE INDICATE THE NUMBER OF EMS TRAINED PERSONNEL IN EACH CATERGORY. DO NOT COUNT A MEMBER IN MORE THAN ONE CATERGORY (OTHER THAN EVOC). DO NOT COUNT THEM UNLESS THEY ARE A MEMBER OF THE AARS.

PARAMEDICS		INTERMEDIATES		BASICS	
FIRST AID/CPR		FIRST RESPONDERS		EVOC	

WHAT IS THE PRIMARY RADIO FREQUENCY YOUR SQUADS USES?

ARE THE AARS PRIMARY (155.265) AND SECONDARY (155.295)

YES

NO

FREQUENCIES INSTALLED IN ALL OF YOUR SQUAD RADIOS?

EQUIPMENT INFORMATION

WATER RECOVERY

BOATS	
DRAGGING SETS	
DEPTH FINDERS	

VEHICLES

ALL-TERRAIN		TRANSPORT (AMBULANCE)	
NON-TRANSPORT		PUMPERS	
COMMAND POST		BRUSH TRUCKS	

GENERATORS AND LIGHTING

GENERATORS (1KW OR LESS)		GENERATORS (10.1KW AND UP)	
GENERATORS (1.1 TO 5KW)		PORTABLE LIGHTING (TRAILER)	
GENERATORS (5.1 TO 10KW)		PORTABLE LIGHTING (TRUCK)	

OTHER

CHAIN SAWS		EXTENSION LADDERS	
STOKES BASKET		JAWS OF LIFE	
BACKBOARDS		LIGHT DUTY RESCUE	

AARS MEMBERS: _____ @ \$20.00 _____	DATE RECEIVED _____
RENEWAL DUES \$25.00	AMOUNT RECEIVED _____
RENEWAL DUES (AFTER Dec 1) \$30.00	AMOUNT DUE _____
RENEWAL DUES (AFTER Jan 1) \$50.00	DATE PROCESSED _____
NEW UNIT DUES \$50.00	
TOTAL AMOUNT DUE _____	

LEGISLATIVE INFORMATION

HOUSE DISTRICT NUMBER		SENATE DISTRICT NUMBER	
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CERTIFICATION

I, THE UNDERSIGNED, BASED ON THE INFORMATION PROVIDED HEREIN, AND ON BEHALF OF THE ABOVE ORGANIZATION, HEREBY MAKE APPLICATION FOR MEMBERSHIP OR RENEWAL IN THE ALABAMA ASSOCIATION OF RESCUE SQUADS, INC. IF ACCEPTED, OUR ORGANIZATION AGREES TO ABIDE BY AND UPHOLD THE CONSTITUTION AND BY-LAWS OF THE AARS. WE ACKNOWLEDGE THAT WE HAVE REVIEWED A CURRENT COPY OF THE CONSTITUTION AND BY-LAWS OF THE ALABAMA ASSOCIATION OF RESCUE SQUADS, INC. WE FURTHER ACKNOWLEDGE THAT AS A UNIT AND AS INDIVIDUAL MEMBERS, WE ARE FAMILIAR WITH THE CONTENTS OF SAID CONSTITUTION AND BY-LAWS.

SIGNED: _____ DATE: _____

PRINTED NAME: _____

NOTICE

THE AARS HAS MADE EVERY ATTEMPT POSSIBLE TO HAVE AN APPLICATION THAT IS EASY AND SELF EXPLANATORY. IF YOU HAVE ANY QUESTIONS WHEN COMPLETEING THIS APPLICATION, PLEASE CONTACT THE ASSOCIATION OFFICE. IT IS VERY IMPORTANT THAT YOU FOLLOW THE INSTRUCTIONS ON COMPLETING THIS APPLICATION AND COMPLETE ALL SECTIONS. FAILURE TO COMPLETE THIS APPLICATION COULD RESULT IN DELAYING IT'S PROCESSING. THEASSOCIATION WILL NOT BE RESPONSIBLE FOR ERRONEOUS INPUT DUE TO INLEGIBLE WRITING. YOUR HELP AND COOPERATION IN THIS MATTER ARE APPRECIATED.

ANY APPLICATIONS THAT ARE NOT FILLED OUT CORRECTLY WILL BE RETURNED AND ANY AND ALL LATE FEES WILL BE APPLIED.