



DISTRICT 18 - THE NEW YORK STATE VOLUNTEER AMBULANCE & RESCUE ASSOCIATION, INC.

P.O. Box 610540
 Bayside, NY 11361-0540

E-mail: d18ny@yahoo.com
 Web Site: www.freewebs.com/d18ny

APPLICATION FOR MEMBERSHIP

Squad Membership

Organization Name
Squad Address
City County State Zip
Squad Phone Number Squad Fax Number
Squad E-mail address
Signature of Squad Officer Print Name/Title Date

Individual Membership

Individual Name
Home Address
City County State Zip
Home Phone
E-mail address
Signature of Individual Member

My Services: BLS ALS (Circle all that apply)
which is: NYS Certified Registered
and is: Fire-Affiliated Independent
 Commercial
and is a: Volunteer Ambulance First Responder
 Rescue Squad
and I am a: Driver Attendant Dispatcher
 Clerical CPR-D CFR CFR-D
 EMT EMT-I EMT-CC EMT»P

Initial Membership Sign-up

Sign up for:	Dues
<input type="checkbox"/> Individual Membership	\$6.00
<input type="checkbox"/> Department Membership "	\$205.00
<input type="checkbox"/> Sustaining (Corporate/Commercial)	\$125.00

Send this application along with a Check or Money Order payable to:
NYSVA & RA.

** In areas of the State with active local affiliates, district dues also apply. We encourage you to become active In your local district organization. District dues, where applicable, will be automatically added at renewal, FIRST YEAR SQUAD dues are prorated as follows, full annual dues for Oct 1 to Sept 30; 3/4 of annual dues for Jan 1 to Sept 30; 1/2 of annual dues for April 1 to Sept 30; and 1/4 of annual dues for July 1 to Sept 30

RETURN COMPLETED APPLICATION TO YOUR DISTRICT DELEGATE OR MAIL TO:
DISTRICT 18 - NYSVA & RA P.O. Box 610540, Bayside, NY 11361-0540