



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

PO Box 610540  
Bayside, NY 11361-0540  
E-mail: d18ny@yahoo.com  
Web site: www.freewebs.com/d18ny

**Serving New York's Volunteer EMS Community since 1939**

**APPLICATION FOR MEMBERSHIP**

Organization Name

Squad Mailing Address

City County State Zip

Squad Phone Number Squad Fax Number

Squad E-mail address Squad Web Address

Signature of Squad Officer Print Name/Title Date

Individual Name

Home Address

City County State Zip

Phone

E-mail address Squad Affiliation

Signature of Individual Member Date

My Service is: BLS ALS (Circle all that apply)  
which is NYS Certified Registered  
and is Fire-Affiliated Independent  
Commercial  
and is 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  
 Individual Membership \$6.00  
 Organization (Squad or Company) \$205.00  
 Sustaining (Corporate/Commercial) \$150.00

Send this application along with a Check or Money Order payable to:  
**N Y S VOLUNTEER AMBULANCE & RESCUE ASSOCIATION,**

\*\* In are as of t he State with active local affiliates , district dues apply. We encourage you to become active in your local di strict organization. District dues, where applicable, will be automatically added at renewal. FIRST YEAR SQUAD dues are pro rated as follows: full annual dues for Oct 1 to Sept 30; three-quarters of annual dues for Jan 1 to Sept 30; one-half of annual dues for April 1 to Sept. 30; and one-quarter of annual dues for July 1 to Sept

**MAIL COMPLETED APPLICATION TO: LOU DEUTSCH**

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