

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
PLEASE PUT NUMBERS DOWN IN BOXES WHERE APPLICABLE

WATER RECOVERY		SCUBA		UNDERWATERCAMERA	
GROUND SEARCH		CAVE RESCUE		RAPELLING	
EXTRICATION		FIRE		HAZMAT	
K-9		TRANSPORT ALS		TRANSPORT BLS	
INSTRUCTORS		DEPTH FINDER		SONAR	
DRAGGING SETS		JON BOAT		RESCUE ONE BOAT	
ALUMINUM BOAT		PONTOON BOAT		OTHER BOAT	

WHAT ARE THE RADIO FREQUENCIES YOUR SQUAD USES? LIST ALL

ADVISE IF V-TAC CHANNELS ARE USED!!!!
ARE THE AARS PRIMARY (155.265) AND SECONDARY (155.295) FREQUENCIES INSTALLED
IN ALL OF YOUR RADIOS? _____

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 ITS OPERATIONS.

NAME: _____ PH: _____
 WHEN IS THE BEST TIME TO CONTACT THIS PERSON: _____

ORGANIZATION OFFICERS

HIGHEST RANKING:

RANK) (NAME) (HOME PH)
 (CELL PH)

SECRETARY: _____

(HOME PH) (CELL PH)

2ND RANKING: _____

(HOME PH) CELL PH)

3RD RANKING: _____

(HOME PH) (CELL PH)

4TH RANKING: _____

(HOME PH) (CELL PH)

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	CELL PHONE

MEMBERSHIP INFORMATION

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

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

THE AARS HAS THE RIGHT TO ACCEPT OR DENY ANY APPLICATION BASED ON INSPECTION OF SAID SQUAD.

FALSIFYING INFORMATION ON THE APPLICATION WILL RESULT IN IMMEDIATE DISMISSAL FROM THE AARS

ALL MEMBERS OF THE AARS MUST BE 18 YEARS OF AGE

THE AARS HAS MADE EVERY ATTEMPT POSSIBLE TO HAVE AN APPLICATION THAT IS EASY AND SELF EXPLANATORY. IF YOU HAVE ANY QUESTIONS WHEN COMPLETING 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. THE ASSOCIATION WILL NOT BE RESPONSIBLE FOR ERRONEOUS INPUT DUE TO INLEGIBLE WRITING. YOUR HELP AND COOPERATION IN THIS MATTER ARE APPRECIATED.

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 CATEGORY. DO NOT COUNT A MEMBER IN MORE THAN ONE CATEGORY. DO NOT COUNT THEM UNLESS THEY ARE A MEMBER OF THE AARS.

PARAMEDICS		INTERMEDIATES		BASICS	
ADVANCED EMT		EMR		FIRST AID/CPR	

EQUIPMENT INFORMATION

WATER RECOVERY HAS BEEN MOVED TO FRONT PAGE

VEHICLES

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

GENERATORS AND LIGHTING

GENERATORS (1KW OR LESS)	GENERATORS (10.1 KW 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	

<p><u>LIST ANY OTHER EQUIPMENT THAT MAY NOT BE LISTED ON THIS APPLICATION THAT YOU FEEL WOULD BE APPROPRIATE ON A SEPARATE SHEET OF PAPER</u></p>	
<p>AARS MEMBERS _____ @ \$20.00 _____</p> <p>RENEWAL DUES \$25.00</p> <p>RENEWAL DUES (AFTER DEC 1) \$30.00</p> <p>RENEWAL DUES (AFTER JAN 1) \$50.00</p> <p>NEW UNIT DUES \$50.00</p> <p>TOTAL DUE \$ _____</p>	<p>DATE RECEIVED _____</p> <p>AMOUNT RECEIVED _____</p> <p>AMOUNT DUE _____</p> <p>DATE PROCESSED _____</p>

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: _____