

REQUEST FOR INITIAL MEMBERSHIP
WITH THE ALABAMA ASSOCIATION OF RESCUE
SQUADS INC.

PO BOX 569, ADDISON AL. 35540

www.alars.org

UNIT NAME, _____

CARE OF, _____

MAILING ADDRESS _____

PHYSICAL ADDRESS, _____

UNIT E-MAIL, _____

MEETING DAY _____ TIME _____

ALL NEW APPLICATIONS MUST PROVIDE A POC, THAT WE MAY CONTACT TO
ARRANGE A VISIT AND INSPECTION OF THE UNIT AND TO ANSWER QUESTIONS

NAME, _____

PHONE NO. _____

E-MAIL _____

BEST TIME TO CONTACT _____

**THE FOLLOWING MUST BE SUBMITTED WITH
THE INITIAL APPLICATION**

**A CURRENT COPY OF THE UNIT,
ARTICLES OF INCORPORATION**

A CURRENT COPY OF THE UNIT BY LAWS

A CURRENT COPY OF THE UNIT SOP OR SOG

THE AARS HAS THE RIGHTS TO APPROVE OR REJECT ANY REQUEST FOR MEMBERSHIP WITHIN THE ASSOCIATION BASED ON FORMAL INSPECTION OF THE REQUESTING UNIT. THE AASR BOD DECISION IS FINAL WITH NO APPEAL!

FALSE INFORMATION ON ANY APPLICATION IS GROUNDS FOR IMMEDIATE DISMISSAL FROM THE MEMBERSHIP WITHIN THE ASSOCIATION

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IDENTIFY ALL ASPECTS OF RESCUE EVOLUTIONS PROVIDED BY YOUR UNIT

- | | | |
|---|---|---|
| <input type="checkbox"/> LAND SEARCH | <input type="checkbox"/> DIVE RESCUE | <input type="checkbox"/> UNDER WATER CAMERA |
| <input type="checkbox"/> WATER RECOVERY | <input type="checkbox"/> CAVE RESCUE | <input type="checkbox"/> RAPELLING |
| <input type="checkbox"/> EXTRICATION | <input type="checkbox"/> FIRE SUPPRESSION | <input type="checkbox"/> HAZMAT |
| <input type="checkbox"/> K-9 SEARCH | <input type="checkbox"/> TRANSPORT ALS | <input type="checkbox"/> TRANSPORT BLS |
| <input type="checkbox"/> INSTRUCTORS | <input type="checkbox"/> DEPTH FINDERS | <input type="checkbox"/> SONAR UNITS |
| <input type="checkbox"/> DRAG SETS | <input type="checkbox"/> BOATS | <input type="checkbox"/> RESCUE ONE BOAT |

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HOW MANY PORTABLE RADIOS ARE IN YOUR UNIT AND WHAT FREQUENCY RANGE YOU ARE CAPABLE OF UTILIZING.

- | | | | |
|------------------------------|------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> VHF | <input type="checkbox"/> UHF | <input type="checkbox"/> 700MHZ | <input type="checkbox"/> 800MHZ |
| <input type="checkbox"/> HAM | <input type="checkbox"/> HF | <input type="checkbox"/> CB | <input type="checkbox"/> OTHER |

ARE YOUR RADIOS CAPABLE OF TRANSMISSIONS AND RECEPTION IN,

ANALOG ____ DIGITAL ____ BOTH ____

WHAT FREQUENCIES DO YOUR UNIT HOLD FCC LICENSES TO UTILIZE?

IS YOUR UNIT USING ANY V-TAC CHANNELS ____YES ____NO

IF YES, WHICH _____

DO YOU HAVE THE AARS PRIMARY VHF & UHF FREQUENCIES IN YOUR RADIOS

155.2650 AND 155.2950 VHF 453.68750, UHF

NEW APPLICATIONS ARE REQUIRED TO PROVIDE A TYPED LIST OF THE FOLLOWING UNIT PERSONNEL WITH DATE OF BIRTH, ADDRESS, E-MAIL, AND PHONE NUMBERS ATTACHED WITH THE APPLICATION

UNIT LEADER

ASSISTANT LEADER

SECRETARY

TREASURER

LIST OF ALL SERVING ON THE UNIT BOD.

A FULL LIST OF THE UNIT

1. ACTIVE MEMBERSHIP

2. RESERVE MEMBERSHIP

3. AUXILARY MEMBERSHIP

ALL AARS MEMBERS MUST BE 18 YEARS OR OLDER!

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EMS INFORMATION

DOES YOUR UNIT OPERATE AN AMBULANCE SERVICE ___ YES ___ NO

IF YOU ANSWERED YES TO THE ABOVE, PLEASE ANSWER THE FOLLOWING

WHAT TYPE SERVICE DO YOU OPERATE ALS ___ BLS ___

ARE YOU LICENSED BY STATE BOARD OF HEALTH YES ___ NO ___

DO YOU CHARGE FOR AMBULANCE SERVICE YES ___ NO ___

WHAT IS YOUR SERVICE LEVEL PRIMARY ___ BACKUP ___

DO YOU HAVE ANY PAID PERSONNEL YES ___ HOW MANY ___ NO ___

HOW MANY UNITS ALS _____ BLS UNITS _____

LIST NUMBER OF EMS TRAINED PERSONNEL WITHIN YOUR UNIT

PARAMEDICS _____ INTERMEDIATE _____ BASIC _____

ADVANCED EMT _____ EMT _____ FIRST RESPONDER _____

FIRST AID W/CPR AED _____ CPR AED ONLY _____

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PLEASE PROVIDE A LIST OF EMERGENCY RESPONSE EQUIPMENT YOUR UNIT OWNES. THIS EQUIPMENT IS FOR USE DURING ANY TYPE OF EMERGENCY / DESASTER RESPONSE IN SUPPORT OF THE PUBLIC.

ANNUAL FEES FOR ALL UNITS AND INDIVIDUAL MEMBERS OF THE AARS

| | |
|--|---------|
| ANNUAL MEMBERSHIP FOR INDIVIDUAL MEMBERS | \$20.00 |
| INITIAL UNIT MEMBERSHIP (ONE TIME) | \$50.00 |
| ANNUAL RENEWAL UNIT | \$25.00 |
| UNIT FEE LATE, AFTER 1 DEC | \$30.00 |
| UNIT FEE LATE, AFTER 1 JAN | \$50.00 |

ANNUAL RENEWAL FOR ALL AARS UNITS IS SCHEDULED TO BE RECEIVED BEFORE 1 DECEMBER EACH YEAR. ALL LATE RENEWALS SHALL PAY LATE RENEWAL FEES!

APPLICATION MUST BE IN FULL ALONG WITH A UNIT CHECK FOR ALL MEMBERS LISTED AND THE UNIT FEE.

NO APPLICATION SHALL BE ACTED UPON IF ANY INFORMATION IS NOT PROVIDED IN INITIAL APPLICATION.

AUTHORIZED APPLICANT PRINTED NAME _____

SIGNATURE OF AUTHORIZED APPLICANT _____

POSITION WITHIN UNIT APPLYING _____