

**REQUEST FOR RENEWAL MEMBERSHIP**

**WITH THE ALABAMA ASSOCIATION OF RESCUE  
SQUADS INC.**

**PO BOX 780, ROANOKE AL. 36274**

[www.alars.org](http://www.alars.org)

UNIT NAME, \_\_\_\_\_

CARE OF, \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS, \_\_\_\_\_

UNIT E-MAIL, \_\_\_\_\_

MEETING DAY \_\_\_\_\_ TIME \_\_\_\_\_

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IDENTIFY ALL ASPECTS OF RESCUE EVOLUTIONS PROVIDED BY YOUR UNIT

\_\_\_ LAND SEARCH      \_\_\_ DIVE RESCUE      \_\_\_ UNDER WATER CAMERA

\_\_\_ WATER RESCUE      \_\_\_ CAVE RESCUE      \_\_\_ RAPELLING/ H-A ROPE

\_\_\_ EXTRICATION      \_\_\_ FIRE SUPPRESSION      \_\_\_ HAZMAT

\_\_\_ K-9 SEARCH      \_\_\_ TRANSPORT ALS      \_\_\_ TRANSPORT BLS

\_\_\_ INSTRUCTORS      \_\_\_ EMS / MEDICAL      \_\_\_ SONAR / DEPTH FINDER

\_\_\_ DRAG SETS      \_\_\_ BOATS      \_\_\_ RESCUE ONE BOAT

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HAW MANY PORTABLE RADIOS ARE IN YOUR UNIT \_\_\_\_\_ AND WHAT  
FREQUENCIE RANGE ARE YOU CAPABLE OF UTILIZING.

\_\_\_\_ VHF      \_\_\_\_ UHF      \_\_\_\_ 700MHZ      \_\_\_\_ 800MHZ  
\_\_\_\_ HAM      \_\_\_\_ HF      \_\_\_\_ CB      \_\_\_\_ OTHER

ARE YOUR RADIOS P-25 COMPLIANT BY FCC / DHS / FEMA? YES \_\_\_\_ NO \_\_\_\_

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 & 155.2950 VHF / 453.68750, UHF**

**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

ALL RENEWING ACTIVE MEMBERS

**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 \_\_\_\_\_

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## ANNUAL FEES FOR ALL UNITS AND INDIVIDUAL MEMBERS OF THE AARS

ANNUAL MEMBERSHIP FOR INDIVIDUAL MEMBERS \$20.00

WORKMANS COMP INSURANCE PER MEMBER \$18.00

WORKMANS COMP REQUIRES 100% OF MEMBERSHIP MUST HAVE

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.

AUTHORIZED APPLICANT PRINTED NAME \_\_\_\_\_

SIGNATURE OF AUTHORIZED APPLICANT \_\_\_\_\_