REQUEST FOR INITIAL MEMBERSHIP

WITH THE ALABAMA ASSOCIATION OF RESCUE SQUADS INC.

PO BOX 780 ROANOKE, AL. 36274

www.alars.org

UNIT NAME_____

CARE OF_____

MAILING ADDRESS_____

PHYSICAL ADDRESS_____

COUNTY_____

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_____

DEPT PHONE NO_____**FAX NO**_____

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 EXECUTIVE BOARD HAS THE RIGHTS TO APPROVE OR REJECT ANY REQUEST FOR MEMBERSHIP WITHIN THE ASSOCIATION BASED ON FORMAL INSPECTION OF THE REQUESTING UNIT. THE AARS 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

___LAND SEARCH	___DIVE RESCUE	___UNDER WATER CAMERA
___WATER RECOVERY	___CAVE RESCUE	___RAPELLING
___EXTRICATION	___FIRE SUPRESSION	___HAZMAT
___K-9 SEARCH	___TRANSPORT ALS	___TRANSPORT BLS
___INSTRUCTORS	___DEPTH FINDERS	___SONAR UNITS
___DRAG SETS	___ BOATS	___RESCUE ONE BOAT
___AQUAEYE	___UAV/DRONE	___

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

_____VHF ____UHF ____700MHZ ____800MHZ

_____HAM ____HF ____CB ____OTHER

ARE YOUR RADIOS CAPABLE OF TRANSMISSION 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 THAT YOUR UNIT OWNS. THIS EQUIPMENT IS FOR USE DURING ANY TYPE OF EMERGENCY / DISASTER 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	**$30.00**
UNIT FEE LATE, AFTER 1 DEC	**$50.00**
UNIT FEE LATE, AFTER 1 JAN	**$100.00**

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 _____