REQUEST FOR RENEWAL MEMBERSHIP

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**_____

	YES	NO
WORKMAN'S COMP	☐	☐
BENEVOLENT FUND	☐	☐

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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 SUPRESSION	___HAZMAT
___K-9 SEARCH	___TRANSPORT ALS	___TRANSPORT BLS
___INSTRUCTORS	___EMS / MEDICAL	___SONAR / DEPTH FINDER
___DRAG SETS	___BOATS	___RESCUE ONE BOAT
___ AQUAEYE	____UAV/DRONE	

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HOW MANY PORTABLE RADIOS ARE IN YOUR UNIT_____AND WHAT FREQUENCIES 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 TRANSMISSION AND RECEPTION IN,

ANALOG _____ DIGITAL_____ BOTH _____

WHAT FREQUENCIES DOES 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

APPLICANTS 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

____# ACTIVE AARS MEMBERS	**____# NON-AARS MEMBERS**	**____# AUX. MEMBERS**	**____ # RESERVE 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 TO ENROLL

ANNUAL RENEWAL UNIT $30.00

UNIT FEE LATE, AFTER DEC 1 $50.00

UNIT FEE LATE, AFTER JAN 1 $100.00

ANNUAL RENEWAL FOR ALL AARS UNITS IS SCHEDULED TO BE RECEIVED BEFORE DECEMBER 1 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_____

****THE EXECUTIVE BOARD HAS THE RIGHT TO APPROVE OR REJECT ANY RENEWAL APPLICATION. FALSE INFORMATION ON ANY APPLICATION IS GROUNDS FOR IMMEDIATE DISMISSAL FROM THE MEMBERSHIP WITHIN THE ASSOCIATION****