



New York State Volunteer Ambulance and Rescue Association, Inc.

P.O. Box, 254, East Schodack, NY 12063
ANNUAL DISTRICT REPORT

DISTRICT # _____

For The Year: _____

COUNTIES SERVED: _____

TITLE & NAME	ADDRESS (House#, City, State, Zip)	PHONE & E-MAIL
DIRECTOR		Home Phone: Cell Phone: E-Mail :
CHAIRPERSON		Home Phone: Cell Phone: E-Mail
VICE CHAIRPERSON		Home Phone: Cell Phone: E-Mail:
SECRETARY		Home Phone: Cell Phone: E-Mail
TREASURER		Home Phone: Cell Phone: E-Mail:
FINANCIAL SECTRY.		Home Phone: Cell Phone: E-Mail

District Newsletter Committee Chair (name & contact information): _____

NUMBER OF MEMBERS AS OF AUGUST 1st: SQUADS ____ INDIVIDUALS ____ SUSTAINING ____

of LIFE MEMBERS OF DISTRICT ____ NAMES _____

of HONORARY MEMBERS OF DISTRICT ____ NAMES: _____

PLACE OF MEETINGS: _____

MEETING DATES: REGULAR _____

ELECTION _____ OFFICERS TAKE OFFICE : _____

If using Association 501 (c) (3) # - List Banks (name, full address) and account #'s _____

REPORTING OFFICER SIGN: _____ DATE _____

PRINT NAME AND TITLE: _____