



THE NEW YORK STATE VOLUNTEER AMBULANCE & RESCUE ASSOCIATION, INC.

P.O. Box 254
East Schodack, NY 12063

Phone: (877) NYS-VARA
FAX: (518) 477-4430

E-mail: info@nysvara.org
Web site: www.nysvara.org



APPLICATION FOR MEMBERSHIP

Squad Membership

Organization Name _____

Squad Address _____

City _____ County _____ State _____ Zip _____

Squad Phone Number _____ Squad Fax Number _____

Squad E-mail address _____

Signature of Squad Officer _____ Print Name/Title _____ Date _____

Individual Membership

Individual Name _____

Home Address _____

City _____ County _____ State _____ Zip _____

Home Phone _____

E-mail address _____

Signature of Individual Member _____

My Service is:	BLS ALS (Circle all that apply)	Initial Membership Sign-up	
which is	NYS Certified Registered	Sign up for:	Dues
and is	Fire-Affiliated Independent	<input type="checkbox"/> Individual Membership	\$10.00
	Commercial		
and is	Volunteer Ambulance First Responder	<input type="checkbox"/> Department Membership **	\$60.00
	Rescue Squad		
and I am a:	Driver Attendant Dispatcher	<input type="checkbox"/> Sustaining (Corporate/Commercial)	\$125.00
	Clerical CPR-D CFR CFR-D		
	EMT EMT-I EMT-CC EMT-P		

Send this application along with a Check or Money Order payable to:
N Y S VOLUNTEER AMBULANCE & RESCUE ASSOCIATION,

** In areas of the State with active local affiliates, district dues also apply. We encourage you to become active in your local district organization. District dues, where applicable, will be automatically added at renewal. FIRST YEAR SQUAD dues are prorated as follows: full annual dues for Oct 1 to Sept 30; 3/4 of annual dues for Jan 1 to Sept 30; 1/2 of annual dues for April 1 to Sept. 30; and 1/4 of annual dues for July 1 to Sept 30.

**MAIL COMPLETED APPLICATION TO:
N Y S Volunteer Ambulance & Rescue Association, Inc, P.O. Box 254, East Schodack, NY 12063**