



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

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 Web site: www.nysvara.org

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 FAX: (516) 477-4430



Join **NAEMT** when you join **NYSVARA** & save \$10 on your **NAEMT** membership
www.NAEMT.Org

MEMBERSHIP APPLICATION

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 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	All Volunteer Combination (Paid/Vol)	Sign up for:	Dues
and is	Fire Affiliated - Independent	<input type="checkbox"/> Individual Member	\$10.00
	Commercial		
and is	Volunteer Ambulance - First Responder	<input type="checkbox"/> Individual Combined NYSVARA & NAEMT Best Value Membership	\$40.00
	Rescue Squad		
and I am a:	Driver - Dispatcher - Administrative	<input type="checkbox"/> Organization (Squad or Company) **	\$60.00
	CPR CFR EMT EMT-I EMT-CC EMT-P	<input type="checkbox"/> Sustaining (Corporate/Commercial)	\$125.00

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.

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