



**New York State Volunteer Ambulance  
& Rescue Association, Inc.**  
518 Hooper Road # 278, Endwell, New York 13760  
**ANNUAL DISTRICT REPORT**

DISTRICT # \_\_\_\_\_

For The Year: \_\_\_\_\_

COUNTIES SERVED: \_\_\_\_\_

04/15

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

District Newsletter Committee Chair (name & contact information): \_\_\_\_\_

NUMBER OF MEMBERS AS OF AUGUST 1<sup>st</sup>: 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: \_\_\_\_\_