The New York State Volunteer Ambulance & Rescue Association, Inc.

MEMBER ORGANIZATION REPORT

CHECK ONE: ☐ **RENEWAL** ☐ **NEW**
☐ **RE INSTATEMENT AFTER LAPSE**
☐ **SUSTAINING ORGANIZATION**

DISTRICT: ☐ **1** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **12** ☐ **14**
☐ **15** ☐ **16** ☐ **17** ☐ **18** ☐ **19**

REGION: ☐ **1** ☐ **2** ☐ **3**

DATE: _____

Please type or print clearly with black ink:
To be signed by the chief administrative officer, secretary or authorized agent of the organization**.**

Name of Service/Organization: _____

Headquarters address: _____

Mailing address: _____

Business Phone: _____ Emergency Number: _____

Type of Service – Circle all that apply: ALS -- BLS -- All Volunteer -- Combination Service

Independent VAC - Independent Rescue Squad - Fire Department Ambulance - FD Rescue Squad - First Response Unit

Agency Email Address: _____ Agency Webpage: _____

OFFICERS (Please list 4 top Operational followed by 4 top Administrative Officers) & NYSVARA DELEGATES

TITLE	NAME	EMAIL ADDRESS	PHONE
Purchasing Agent			
NYSVARA Delegate			
Alt. Delegate #1			
Alt. Delegate #2			

NYSVARA Delegate/Alternates: Your Member(s) (who are regularly involved in some aspect of and knowledgeable of current activities of you service) who your service elects/selects to represent (participate/vote, for etc.) your service at District and State Association Meetings (Sustaining Organizations are non-voting), and also bring information to/from your service and District and State Association meetings**.**

Number of active members: EMR (or other first responders) _____ **EMT_____ EMT-I _____ EMT-CC_____**
EMT-P_____ Dispatchers _____ Administrative _____

Meeting Dates: Month of Annual Election: _____ Monthly Meeting Day: _____

Signed: _____ Print Title: _____
Chief Administrative Officer, Secretary or authorized agent

Print Name: _____

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District Received Date: _____ State Received Date: _____

District Officer: _____ State Officer: _____

Please keep a copy for your records – not valid if more than 3 years old by the date of the Annual Meeting
NYS Volunteer Ambulance & Rescue Association, 518 Hooper Road # 278, Endwell, New York 13760

Rev: 04/15