



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

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

Phone: (888) NYS-VARA



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) **	\$70.00
	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.

NOTE: New and returning member organization must also complete and return a Member Organization Report along with dues payment.

MAIL COMPLETED APPLICATION TO:
N Y S Volunteer Ambulance & Rescue Association, 214 Kent Avenue #278, Endwell, New York 13760