

MEMBERSHIP APPLICATION & REGISTRATION FORM

RAC-R FYE 2020 (09/01/19 – 08/31/20)

Name of organization

Name of CEO or Chief

Physical address

Mailing address

Office #

Fax #

Employer ID Number (EIN)

(Example: 74-1234567)

EMS/TRAUMA REPRESENTATIVE TO THE RAC

Name

Title/Position

E-mail

Mobile #

EMS/TRAUMA ALTERNATE REPRESENTATIVE TO THE RAC

Name

Title/Position

E-mail

Mobile #

EMERGENCY CONTACT FOR ORGANIZATION

Name

Title/Position

E-mail

Office

Mobile

Fax

OTHER REPRESENTATIVES

Neonatal Representative	Maternal Representative Name
E-mail	E-mail
Phone	Phone
Acute Care Representative	
E-mail	
Phone	

Printed Name of person authorized to commit the organization to membership in the RAC

Signature

Date