

NORTH TEXAS REGIONAL ADVISORY COUNCIL TSA-C



Invoice: Due Sept. 1, 2020 Dues: 2020/2021 NTRAC TSA-C

INVOICE

Name: _____
 Address: _____
 City, Zip: _____
 Phone: _____
 Email address: _____

Membership Dues Structure:

	Rep. Name:	Alt. Name:
Hospital \$200.00	_____	_____
Administrator \$200.00	_____	_____
Trauma Coordinator \$200.00	_____	_____
Physician \$200.00	_____	_____
Neonatal \$200.00	_____	_____
Maternal \$200.00	_____	_____
Education \$200.00	_____	_____
EMS Provider \$200.00	_____	_____
First Responder Org. \$50.00	_____	_____

**Per bylaws, the same person cannot represent more than one discipline.

Please pay your dues based on the appropriate designations. You may either bring your check to the RAC's regularly scheduled meeting or submit it by mail to the address below. Make checks payable to NTRAC TSA-C.

NTRAC
 PO Box 3706
 Wichita Falls, TX 76301