

NORTH TEXAS REGIONAL ADVISORY COUNCIL TSA-C



**Invoice: Due Sept. 1, 2019                      Dues: 2019/2020                      NTRAC TSA-C**

**INVOICE**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Membership Dues Structure:**

|                              | <b>Rep. Name:</b> | <b>Alt. Name:</b> |
|------------------------------|-------------------|-------------------|
| 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