

NORTH TEXAS REGIONAL ADVISORY COUNCIL TSA-C



**Invoice: Due Oct. 1, 2015                      Dues: 2015/2016                      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	_____	_____
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