

NORTH TEXAS REGIONAL ADVISORY COUNCIL TSA-C



Invoice: Due Sept. 1, 2014 Dues: 2014/2015 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	_____	_____
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