

Please return completed Membership Application by mail, fax, or scanned email attachment to NCTTRAC Membership at:
NCTTRAC - 600 Six Flags Drive, Suite 160 - Arlington, TX, 76011
Phone: 817.608.0390 ▪ Fax: 817.608.0399 ▪ Email: Admin@ncttrac.org

New Member

(Organization Name)

(Street)

(City)

(County)

(Zip)

DSHS License Number (If Applicable)

Expiration Date

Hospitals:

Current / In Active Pursuit Trauma Designation level _____ Expiry Date: _____

Current Stroke Designation Level _____ Expiry Date: _____

Current Neonatal Designation Level _____ Expiry Date: _____

EMS:

Highest Level of Care _____

MEMBER ORGANIZATION REPRESENTATION

Provide the name of the facility's Primary Voting Representative and Authorized Signature, as well as any Medical Director and/or Program Director is applicable.

My organization wants to be a voting, active participating NCTTRAC member.

My organization acknowledge(s) responsibilities as a member and essential component of the emergency healthcare system established by the State of Texas for the nineteen counties comprising Trauma Service Area – E. I affirm its willingness to comply, as appropriate, with state and/or regional guidelines, obligations, and by-laws as presented by the North Central Texas Trauma Regional Advisory Council (NCTTRAC) and its Board, generally found on www.NCTTRAC.org.

(Primary Voting Representative's Name – *One per Organization*)

(Title / Position)

(Phone Number)

(Fax Number)

(Email Address)

(Authorized Signatory's** Name – *One per Organization*)

(Title / Position)

(Phone Number)

(Fax Number)

(Email Address)

(Authorized Signatory's Signature)

(Date of Signature)

Authorized Signatory must be a Vice President (or above) / Assistant Chief (or above) **who is authorized to appoint representation.

MEMBER CLASSIFICATION & DUES

According to NCTTRAC Bylaws, annual dues (September – August) are assessed based on your classification with the Texas Department of State Health Services as of the invoice date. **The attached invoice is based on the information below. Please verify this information for accuracy and report any changes to NCTTRAC at 817.608.0390 or Finance@ncttrac.org.** (Please remit payment no later than **October 31, 2019**)

Membership Type:		Calculated Fee
<input type="checkbox"/> METRO Hospitals/Medical Facilities/Free Standing Emergency Departments		
	(\$2,042 plus # licensed beds X \$15.32)	= _____
<input type="checkbox"/> METRO EMS-Ground	(____ # licensed unit X \$102.10)	= _____
<input type="checkbox"/> METRO EMS-Air	(____ # licensed unit X \$102.10)	= _____
<input type="checkbox"/> METRO First Responders/Volunteers	(\$ 102.10)	= _____
<input type="checkbox"/> METRO School/College	(\$ 102.10)	= _____
<input type="checkbox"/> METRO Professional Organization	(\$ 102.10)	= _____
<input type="checkbox"/> NON-METRO Hospitals/Medical Facilities/Free Standing Emergency Departments		
	(\$2,020 plus # licensed beds X \$15.15)	= _____
<input type="checkbox"/> NON-METRO EMS-Ground	(____ # licensed unit X \$101.00)	= _____
<input type="checkbox"/> NON-METRO EMS-Air	(____ # licensed unit X \$101.00)	= _____
<input type="checkbox"/> NON-METRO First Responders/Volunteers	(\$ 101.00)	= _____
<input type="checkbox"/> NON-METRO School/College	(\$ 101.00)	= _____
<input type="checkbox"/> NON-METRO Professional Organization	(\$ 101.00)	= _____
* New Member Fee \$125, excluding First Responders/Volunteers (If Applicable)		= _____

Total Dues/Fees = _____

Metro Counties: Collin, Dallas, Denton, Ellis, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Somervell, Tarrant, Wise
Non-Metro Counties: Cooke, Erath, Grayson, Navarro, & Palo Pinto

-----**BELOW THIS LINE FOR NCTTRAC USE ONLY**-----

RECOMMEND / NOT RECOMMEND NCTTRAC Staff Recommendation	Comments (if any)	Initials	Date
APPROVED / DISAPPROVED NCTTRAC Board Review Discussion	Comments (if any)	Initials	Date