NCTTRAC
NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL

MEMBERSHIP APPLICATION/RENEWAL – FY27

September 1, 2026 – August 31, 2027

Organization Name ☐ **Returning Member** ☐ **New Member**

Address | City | Zip Code

DSHS License Number (If Applicable) | Expiration Date

MEMBER ORGANIZATION REPRESENTATION

Please provide the name of the organization's Authorized Signatory and Primary Voting Representative. Authorized Signatory must be a Vice President (or above) / Assistant Chief (or above) **who is authorized** to appoint representation.

☐ **By applying, my organization commits to active participation and NCTTRAC Member in-good-standing status.**

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 rules and/or North Central Texas Trauma Regional Advisory Council (NCTTRAC) Board and/or Membership-approved regional guidelines and obligations as found on www.NCTTRAC.org.

Authorized Signatory's Name | Title / Position

Phone Number | Fax Number | Email Address

Authorized Signatory's Signature | **Date of Signature**

☐ **By checking this box, I, as Primary Voting Representative, commit to delegated representative updates.**

I acknowledge my responsibilities to review my organization's contacts and delegates in the NCTTRAC Contact Management Program (powered by GrowthZone) once my organization's membership is approved by the NCTTRAC Board of Directors.

Primary Voting Representative's Name | Title / Position

Phone Number | Fax Number | Email Address

Primary Voting Representative's Signature | **Date of Signature**

MEMBER CLASSIFICATION & DUES

METRO Counties: Collin, Dallas, Denton, Ellis, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Somervell, Tarrant, Wise

___	METRO Hospitals / Medical Facilities / Free Standing Emergency Departments	($2,400.18 base, + ____ # licensed beds x $18.00)	= _____
___	METRO EMS-Ground	(____ # licensed unit x $120.00)	= _____
___	METRO EMS-Air	(____ # licensed unit x $120.00)	= _____
___	METRO First Responder Organization (FRO)	($120.00)	= _____
___	METRO School / College	($120.00)	= _____
___	METRO Professional Organization	($120.00)	= _____
___	METRO Physicians Group	($120.00)	= _____

NON-METRO Counties: Cooke, Erath, Fannin, Grayson, Navarro, Palo Pinto

___	NON-METRO Hospitals / Medical Facilities / Free Standing Emergency Departments	($2,350.05 base, + ____ # licensed beds x $17.62)	= _____
___	NON-METRO EMS-Ground	(____ # licensed unit x $117.50)	= _____
___	NON-METRO EMS-Air	(____ # licensed unit x $117.50)	= _____
___	NON-METRO First Responder Organization (FRO)	($117.50)	= _____
___	NON-METRO School / College	($117.50)	= _____
___	NON-METRO Professional Organization	($117.50)	= _____
___	NON-METRO Physicians Group	($117.50)	= _____

New / Lapsed Member Fee (if applicable, excluding FROs) ($128.50) = _____

Invoice Number: _____ **Balance Due:** _____

☐ **CLICK HERE TO PAY ONLINE**

☐ Check here if paying via mailed check

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

NCTTRAC Staff Recommendation

Payment Received: _____ Application Received: _____

RECOMMEND: _____ _____ _____
Comments (if any) Initials Date

NCTTRAC Board of Directors Recommendation

APPROVED by NCTTRAC Board of Directors: _____
Date & Discussion (if any)

Call 817-608-0390 or email admin@ncttrac.org with questions.