



MEMBERSHIP APPLICATION/RENEWAL – FY 21

September 1, 2020 – August 31, 2021

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

_____ Returning Member New Member
(Organization Name)

_____ (Street) _____ (City) _____ (County) _____ (Zip)

_____ DSHS License Number (If Applicable) _____ Expiration Date

Hospitals:

Current / In Active Pursuit Trauma Designation level _____ & Expiration Date: _____

Current Stroke Designation Level _____ & Expiration Date: _____

Current Neonatal Designation Level _____ & Expiration Date: _____

Current Maternal Designation Level _____ & Expiration Date: _____

EMS

Highest Level of Care _____

MEMBER ORGANIZATION REPRESENTATION

Provide the name of the facility'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.

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.

_____ (Authorized Signatory's Name – One per Organization) _____ (Title / Position)

_____ (Phone Number) _____ (Fax Number) _____ (Email Address)

_____ (Authorized Signatory's Signature) _____ (Date of Signature)

_____ (Primary Voting Representative's Name – One per Organization) _____ (Title / Position)

_____ (Phone Number) _____ (Fax Number) _____ (Email Address)

_____ (Primary Voting Representative's Signature) _____ (Date of Signature)

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MEMBER CLASSIFICATION & DUES

(Please remit no later than **October 31, 2020)**

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.***

Membership Type:

Calculated Fee

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

___ METRO Hospitals/Medical Facilities/Free Standing Emergency Departments	(\$2,084.88 plus ___ # licensed beds X \$15.64)	= _____
___ METRO EMS-Ground	(___ # licensed unit X \$104.24)	= _____
___ METRO EMS-Air	(___ # licensed unit X \$104.24)	= _____
___ METRO First Responders/Volunteers	(\$104.24)	= _____
___ METRO School/College	(\$104.24)	= _____
___ METRO Professional Organization/Physicians Group	(\$104.24)	= _____

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

___ NON-METRO Hospitals/Medical Facilities/Free Standing Emergency Departments	(\$2,062.42 plus ___ # licensed beds X \$15.47)	= _____
___ NON-METRO EMS-Ground	(___ # licensed unit X \$103.12)	= _____
___ NON-METRO EMS-Air	(___ # licensed unit X \$103.12)	= _____
___ NON-METRO First Responders/Volunteers	(\$103.12)	= _____
___ NON-METRO School/College	(\$103.12)	= _____
___ NON-METRO Professional Organization/Physicians Group	(\$103.12)	= _____

* New Member Fee \$125, excluding First Responders/Volunteers (If Applicable) = _____

Total Dues/Fees = _____

-----**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