



# MEMBERSHIP APPLICATION/RENEWAL – FY 22 September 1, 2021 – August 31, 2022

Completed Membership Applications can be returned via mail to  
NCTTRAC at 600 Six Flags Drive, Suite 160 - Arlington, TX, 76011;

OR via email to Admin@ncttrac.org

\_\_\_\_\_  
(Organization Name)

Returning Member     New Member

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
DSHS License Number (If Applicable)

\_\_\_\_\_  
Expiration Date

### Hospitals:

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

Current / In Active Pursuit Stroke Designation Level \_\_\_\_\_ & Expiration Date: \_\_\_\_\_

Current / In Active Pursuit Neonatal Designation Level \_\_\_\_\_ & Expiration Date: \_\_\_\_\_

Current / In Active Pursuit Maternal Designation Level \_\_\_\_\_ & Expiration Date: \_\_\_\_\_

### EMS

Highest Level of Care \_\_\_\_\_ & Expiration Date: \_\_\_\_\_

### 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](http://www.NCTTRAC.org).

\_\_\_\_\_  
(Authorized Signatory's Name – *PRINT*)

\_\_\_\_\_  
(Title / Position)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Fax Number)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Authorized Signatory's Signature)

\_\_\_\_\_  
(Date of Signature)

\_\_\_\_\_  
(Primary Voting Representative's Name – *PRINT*)

\_\_\_\_\_  
(Title / Position)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Fax Number)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Primary Voting Representative's Signature)

\_\_\_\_\_  
(Date of Signature)

**MEMBERSHIP APPLICATION/RENEWAL – FY 22**  
**September 1, 2021 – August 31, 2022**



Payments can be made via mailed check remitted to  
 NCTTRAC at 600 Six Flags Drive, Suite 160 - Arlington, TX, 76011;

OR via the PayPal portal on the NCTTRAC website: [ncttrac.org/action-center/](http://ncttrac.org/action-center/)

**MEMBER CLASSIFICATION & DUES**

*(Please remit no later than **October 31, 2021**)*

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. ***Your organization's 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](mailto:Finance@ncttrac.org).***

<b>Membership Type:</b>	<b>Calculated Fee</b>
<b>METRO Counties:</b> Collin, Dallas, Denton, Ellis, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Somervell, Tarrant, Wise	
___ METRO Hospitals / Medical Facilities / Free Standing Emergency Departments	
(\$2,116.15 plus ___ # licensed beds X \$15.87)	= _____
___ METRO EMS-Ground ( ___ # licensed unit X \$105.80)	= _____
___ METRO EMS-Air ( ___ # licensed unit X \$105.80)	= _____
___ METRO First Responders / Volunteers (\$105.80)	= _____
___ METRO School / College (\$105.80)	= _____
___ METRO Professional Organization/Physicians Group (\$105.80)	= _____

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

___ NON-METRO Hospitals / Medical Facilities / Free Standing Emergency Departments	
(\$2,093.36 plus ___ # licensed beds X \$15.70)	= _____
___ NON-METRO EMS-Ground ( ___ # licensed unit X \$104.67)	= _____
___ NON-METRO EMS-Air ( ___ # licensed unit X \$104.67)	= _____
___ NON-METRO First Responders / Volunteers (\$104.67)	= _____
___ NON-METRO School / College (\$104.67)	= _____
___ NON-METRO Professional Organization/Physicians Group (\$104.67)	= _____
<b>* New Member Fee</b> (excluding First Responders / Volunteers) (\$125.00)	= _____
<b>Total Dues/Fees</b>	= _____

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

**NCTTRAC Staff Recommendation**

Payment Received: \_\_\_\_\_ Application Received: \_\_\_\_\_  
 RECOMMEND / NOT RECOMMEND \_\_\_\_\_  
 Comments (if any) Initials Date

**NCTTRAC Board of Directors Recommendation**

APPROVED / DISAPPROVED \_\_\_\_\_  
 NCTTRAC Board Review Discussion \_\_\_\_\_  
 Comments (if any) Initials Date