



ASSOCIATE MEMBERSHIP APPLICATION TO THE TENNESSEE ASSOCIATION OF RESCUE SQUADS

Unit/Dept. Name: _____ County: _____

Physical Address: _____
Street Address City State Zip

Mailing Address: _____
Street Address City State Zip

Phone Number: _____ Department Website: _____

Point of Contact: _____ Title: _____

New training schedules, updates, and other training-related information will be sent electronically. **Please list up to 5 email addresses that you would like for us to use for this notification process.**

1. _____ 2. _____
 3. _____ 4. _____
 5. _____

GENERAL INFORMATION

PLEASE CHECK ALL THAT APPLY:

MEMBERSHIP TYPE:

ORGANIZATION TYPE (GENERAL DESCRIPTION):

- | | | | |
|------------------------------------|---|---|--|
| <input type="checkbox"/> VOLUNTEER | <input type="checkbox"/> FIRE DEPARTMENT | <input type="checkbox"/> EMS | <input type="checkbox"/> RESCUE SQUAD |
| <input type="checkbox"/> PAID | <input type="checkbox"/> INDUSTRIAL BRIGADE | <input type="checkbox"/> MILITARY | <input type="checkbox"/> AEROMEDICAL |
| <input type="checkbox"/> COMBINED | <input type="checkbox"/> FEDERAL/STATE OR LOCAL GOVERNMENT AGENCY | <input type="checkbox"/> ASSOCIATION OR PROFESSIONAL ORGANIZATION | <input type="checkbox"/> EDUCATIONAL INSTITUTION |
| | <input type="checkbox"/> LAW ENFORCEMENT | <input type="checkbox"/> OTHER (PLEASE DESCRIBE) | |

IF YOUR ORGANIZATION PROVIDES SPECIFIC RESCUE FUNCTIONS AS AN ADDITIONAL SERVICE, PLEASE INDICATE BY CHECKING ALL APPLICABLE AREAS

- | | | |
|--|--|---|
| <input type="checkbox"/> VEHICLE EXTRICATION | <input type="checkbox"/> WATER SEARCH/RESCUE | <input type="checkbox"/> LAND SEARCH/RESCUE |
| <input type="checkbox"/> AMBULANCE SERVICE | <input type="checkbox"/> FIRE RESPONSE | <input type="checkbox"/> 1 ST RESPONDER SERVICE WITH AT LEAST AN EMT LEVEL |

TECHNICAL:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> DIVE TEAM | <input type="checkbox"/> SWIFT WATER RESCUE | <input type="checkbox"/> MOUNTAIN / RSAR RESCUE | <input type="checkbox"/> CAVE RESCUE |
| <input type="checkbox"/> TRENCH RESCUE | <input type="checkbox"/> VERTICAL RESCUE | <input type="checkbox"/> K-9 | <input type="checkbox"/> HAZ-MAT |
| <input type="checkbox"/> MOBILE COMMAND | <input type="checkbox"/> MASS CASUALTY | <input type="checkbox"/> MOBILE KITCHEN | <input type="checkbox"/> PORTABLE POWER |
| <input type="checkbox"/> PORTABLE POWER | <input type="checkbox"/> SONAR | | |
| <input type="checkbox"/> OTHER (PLEASE DESCRIBE) | | | |

MEMBERSHIP YEAR IS JANUARY 1 - DECEMBER 31. ANNUAL DUES ARE \$200.00.

We accept payment by Credit Card by phone at 865-689-3256 or a check can be mailed to the following:

**TENNESSEE ASSOCIATION OF RESCUE SQUADS
2906 Tazewell Pike, Suite B
Knoxville, TN 37918**

TARS CONSTITUTION AND BY-LAWS, SECTION 4: ASSOCIATE MEMBERSHIP

(1) The Associate membership shall consist of squad(s)/unit(s) which are primarily engaged in emergency services outside of the fields identified in Section 3, Item (2), but provide one of these fields as a secondary service within their operating area, and/or otherwise support TARS objectives and goals.

(2) This category shall be open to volunteer, paid, private or public corporations, industrial, municipal, or other government entities, whether located within or outside of the State of Tennessee.

(3) Applications for Associate Membership shall be completed and returned to the State Office. The Application is then sent to the Membership Committee for approval and to the Associations Board of Directors for Final Approval. Payment for Dues for the Associate Member shall be made within 30 days following notification from the State Office stating that they have been accepted as an Associate Member of the Association.

(4) Benefits and membership rights for Associate Member units is specifically limited to the following items:

(a) Shall receive an annual certificate with payment of dues.

(b) Shall receive training mailings from TARS State Office.

(c) Shall be eligible to receive all discounts for TARS Rescue College Classes.

(d) They shall be entitled to participate in the Association Activities. They are not eligible to hold elective office, serve on the Board of Directors, or have voting privileges.

Signature

Date

STATE OFFICE AND MEMBERSHIP COMMITTEE USE ONLY

RECEIVED: _____ **ASSOCIATE MEMBER CODE:** _____

MEMBERSHIP COMMITTEE ACTION: _____ **BOARD ACTION:** _____