



ALASKA SEARCH and RESCUE ASSOCIATION

ASARA • PO Box 233276 Anchorage, Alaska 99523 • aksar2004@gmail.com

On the Internet: www.asara.clubexpress.com

Organization Membership form

Organization membership is designed for organizations that would like to provide ASARA rights and privileges to each of their members on their active roster.

In addition:

- Organization membership is good for one calendar year expiring on December 31st, regardless of the month joined.
- Organizations will pay dues according to the fee schedule below. Dues should be paid based on the number of members on the organization's roster at the time of payment. Once annual dues are paid, they are good for the entire year no matter how the roster numbers fluctuate. However, updated team rosters should be submitted to ASARA as needed to note new team members.

How to become an Organization Member

- 1) Fill out the organization membership form on the ASARA website.
- 2) Submit an organization roster pdf file at the time of joining with individuals contact information including: name, mailing address, phone number(s), email, etc.
- 3) Make 2008 payment by check to
ASARA, PO Box 233276 Anchorage, Alaska 99523

Organization Information

Organization:		Date:
Mailing Address:	City:	Zip Code:
Website:	Email:	Call Out No.
Phone No.	FAX No.	No. of Members:

Circle number of members on roster amount paid and payment option:

	1-19 Persons	20-49 persons	50 + persons
Organization Membership	\$200	\$250	\$300
Payment option	Check	Other	
Organization roster attached	Yes	No	

Check each box that applies. X

Description of Capabilities:	<input checked="" type="checkbox"/>	Provide ICS support
	<input type="checkbox"/>	Technical rock and mountaineering
	<input type="checkbox"/>	Backcountry travel skills
	<input type="checkbox"/>	Search & rescue dog teams
	<input type="checkbox"/>	River rescue
	<input type="checkbox"/>	Snow machine support
	<input type="checkbox"/>	Aircraft support
	<input type="checkbox"/>	Radios programmed to statewide SAR list
	<input type="checkbox"/>	Medical expertise (WFR, ETT, EMT, WEMT, OEC)
Additional Skills	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Primary Contact: President, Unit Leader, etc.

Name:		Position:	
Mailing Address:		City:	Zip Code:
Home No.	Work No.	Cell No.	
Pager No.	Email:		

Secondary Contact: Vice President or other person of liaison authority

Name:		Position:	
Mailing Address:		City:	Zip Code:
Home No.	Work No.	Cell No.	
Pager No.	Email:		