

MEMBERSHIP APPLICATION & REGISTRATION FORM

RAC-R FYE 2017 (09/01/16 – 08/31/17)

Name of organization

Name of CEO or Chief

Physical address

Mailing address

Office #

Fax #

Employer ID Number (EIN)
(Example: 74-1234567)

REPRESENTATIVE TO THE RAC

Name

Title/Position

E-mail

Mobile #

ALTERNATE REPRESENTATIVE TO THE RAC

Name

Title/Position

E-mail

Mobile #

EMERGENCY CONTACT FOR ORGANIZATION

Name

Title/Position

E-mail

Office

Mobile

Fax

OTHER REPRESENTATIVES

Neonatal Representative

CVD/STEMI Reporter Name

E-mail

E-mail

MEMBERSHIP APPLICATION & REGISTRATION FORM

Printed Name of person authorized to commit the organization to membership in the RAC

Signature

Date