



INVOICE

East Texas Gulf Coast Regional Trauma Advisory Council

INVOICE # M2018
DATE: _____, 2018

PO Box 1015, Manvel, Texas 77578
Phone 281-519-8780 Fax 281-489-0024
racinfo@bcesd3.com
www.rac-r.com

TO

Dues for Membership in RAC-R for Fiscal Year 2018-2019	
Please check one:	
<input type="checkbox"/> EMS 1 - 3 licensed ambulances	\$150
<input type="checkbox"/> EMS 4 - 6 licensed ambulances	\$250
<input type="checkbox"/> EMS 7 - 10 licensed ambulances	\$500
<input type="checkbox"/> EMS > 10 licensed ambulances	\$750
<input type="checkbox"/> First Responder Organization	\$100
<input type="checkbox"/> Air Medical Provider (Fixed Wing or Rotor)	\$500
<input type="checkbox"/> Hospital Non-designated Trauma	\$500
<input type="checkbox"/> Hospital Level IV Trauma	\$600
<input type="checkbox"/> Hospital Level III Trauma	\$750
<input type="checkbox"/> Hospital Level II & I Trauma	\$1250

Make all checks payable to:
East Texas Gulf Coast Regional Trauma Advisory Council

**Due no later than November 15, 2018. thank you for your
PARTICIPATION!**