

MEMBERSHIP APPLICATION & REGISTRATION FORM

RAC-R FYE 2018 (09/01/18 – 08/31/19)

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	Maternal Representative Name
E-mail	E-mail
Phone	Phone
Trauma Representative	
E-mail	
Phone	
Printed Name of person authorized to commit the organization to membership in the RAC	
Signature	
Date	