



INVOICE

East Texas Gulf Coast Regional Trauma Advisory Council

INVOICE # M2020
DATE: , 2020

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

TO

Dues for Membership in RAC-R for Fiscal Year 2020-2021 due to COVID -19 are listed in **RED**.

Please check one:

- | | |
|---|---------------------------|
| <input type="checkbox"/> EMS 1 - 3 licensed ambulances | \$150 - \$75 |
| <input type="checkbox"/> EMS 4 - 6 licensed ambulances | \$250 - \$125 |
| <input type="checkbox"/> EMS 7 - 10 licensed ambulances | \$500 - \$250 |
| <input type="checkbox"/> EMS > 10 licensed ambulances | \$750 - \$375 |
| <input type="checkbox"/> First Responder Organization | \$100 - \$50 |
| <input type="checkbox"/> Air Medical Provider (Fixed Wing or Rotor) | \$500 - \$250 |
| <input type="checkbox"/> Hospital Non-designated Trauma | \$500 - \$250 |
| <input type="checkbox"/> Hospital Level IV Trauma | \$600 - \$300 |
| <input type="checkbox"/> Hospital Level III Trauma | \$750 - \$375 |
| <input type="checkbox"/> Hospital Level II & I Trauma | \$1250 - \$625 |

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

**Due no later than November 13, 2020. thank you for your
PARTICIPATION!**