

# MEMBERSHIP APPLICATION & REGISTRATION FORM

## RAC-R FYE 2022 (09/01/2021 – 08/31/2022)

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

<b>OTHER REPRESENTATIVES</b>	
<b>Neonatal Representative</b>	<b>Maternal Representative Name</b>
E-mail	E-mail
Phone	Phone
<b>Acute Care Representative</b>	
E-mail	
Phone	
Printed Name of person authorized to commit the organization to membership in the RAC	
Signature	
Date	