The North Central EMS Cooperative (NCEMSC) is affiliated with the New York State Volunteer Ambulance and Rescue Association (NYSVA&RA)...therefore, if your squad is part of the NYSVA&RA, you are part of us! NYSVA&RA member squads automatically become members of the NCEMSC. NYSVA&RA elects to pay your squad’s annual NCEMSC membership dues (a $75 value)! Your involvement is important. We share revenue! A percentage of your purchases are returned to the NYSVA&RA, which helps NYSVA&RA recoup the annual NCEMSC membership dues and support other projects.

The NCEMSC is a group of more than 2,000 EMS organizations that have joined together to take advantage of volume pricing discounts on a wide array of EMS products and services. As a NYSVA&RA member squad, you will have the opportunity to share in these discounts.

Are you tired of paying catalog prices?
If so, the NCEMSC can help you!

The NCEMSC assists members in providing cost-effective, quality service by negotiating discounted contracts for the following equipment and supplies:

- Ambulances
- Billing & Collection Services
- Cardiac Monitors/Defibrillators
- Electronic Patient Care Reporting System
- EMS Legal Services & Seminars
- Fleet Fuel Cards
- Medical Supplies & Equipment
- Office Equipment, Furniture & Supplies
- Promotional Clothing & Items

NCEMSC members automatically become members of the NCEMSC. NYSVA&RA elects to pay your squad’s annual NCEMSC membership dues (a $75 value)!

Your involvement is important. We share revenue! A percentage of your purchases are returned to the NYSVA&RA, which helps NYSVA&RA recoup the annual NCEMSC membership dues and support other projects.

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Inquire Today!

NORTH CENTRAL EMS COOPERATIVE
www.ncemsc.org
(888) 603-4426
office@ncemsc.org
APPLICATION FOR MEMBERSHIP

Organization Name

Squad Address

City                      County                      State                      Zip

Squad Phone Number

Squad Fax Number

Squad E-mail address

Signature of Squad Officer

Print Name/Title

Date

Individual Name

Home Address

City                      County                      State                      Zip

Home Phone

E-mail address

Signature of Individual Member

My Service is: BLS ALS (Circle all that apply)

which is

NYS Certified

Registered

and is

Fire-Affiliated

Independent

Commercial

and is

Volunteer Ambulance

First Responder

Rescue Squad

and I am a:

Driver

Attendant

Dispatcher

Clerical

CPR-D

CFR

CFR-D

EMT

EMT-I

EMT-CC

EMT-P

Initial Membership Sign-up

Sign up for:

✓ Individual Membership

$10.00

Department Membership **

$80.00

Sustaining (Corporate/Commercial)

$125.00

Send this application along with a Check or Money Order payable to:

N Y S VOLUNTEER AMBULANCE & RESCUE ASSOCIATION

** In areas of the State with active local affiliates, district dues also apply. We encourage you to become active in your local district organization. District dues, where applicable, will be automatically added at renewal. FIRST YEAR SQUAD dues are prorated as follows: full annual dues for Oct 1 to Sept 30, 3/4 of annual dues for Jan 1 to Sept 30, 1/2 of annual dues for April 1 to Sept 30, and 1/4 of annual dues for July 1 to Sept 30.

MAIL COMPLETED APPLICATION TO:

N Y S Volunteer Ambulance & Rescue Association, Inc, P.O. Box 254, East Schodack, NY 12063
The New York State Volunteer Ambulance and Rescue Association, Inc.

ANNUAL SQUAD REPORT

CHECK ONE: □ ACTIVE □ SUSTAINING □ NEW □ REINSTATEMENT AFTER LAPSE

DATE: ______________________

Please type or print clearly with black ink:

Exact name of group or organization: ___________________________________________________________

Headquarters address: ____________________________________________________________________

______________________________________________________________________________________

Mailing address: _________________________________________________________________________

Business Phone: ___________________________ Emergency Number: _____________________________

Type of organization or group – Circle all that apply:

Independent VAC                     Independent Rescue Squad                      Fire Department Ambulance
Fire Department Rescue Squad                 ALS                      BLS                First Response Unit

Agency Email Address:_____________________________________________________________

Agency Webpage:_____________________________________________________________

OFFICERS

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The Primary Delegate, is the individual, who is eligible to vote for your squad at District and Annual Meetings.

No. of members: EMT’s ____ CC ____ Intermediate _____ Paramedic ____ CFR _____ Dispatchers ____

Clerical _____

Meeting Dates: Month of Annual Election: __________ Monthly Meeting Dates: __________

Signed: __________________________________ Title: ________________________________

Print Name: ___________________________ Print Title: _____________________________

District Received Date: __________________________ State Received Date: __________________

District Officer: ___________________________ State Officer: ___________________________