

Mountain Rescue Association



Dues Information Packet 2008

Items included in this packet:

1. MRA Invoice - must be returned no later than **January 1, 2008**. **If your dues are not received prior to the January Business Meeting your team will not be allowed to vote.**
2. Annual Statistics Report form for year 2007 - must be returned no later than **March 1, 2008**.
3. Directory Change Form.
4. Sample spreadsheet for electronic roster submittal, **New for 2008**

Upon receiving your dues payment you will receive your membership cards for your team members.

**Please note the MRA address:
Mountain Rescue Association
PO BOX 880868
San Diego, CA 92168-0868**

Mountain Rescue Association



Dues Invoice 2008 January 1, 2008 - December 31, 2008

Team Name: _____

Status: Regular Associate Ex-Officio
Please circle one

Date Due: January 1, 2008

NOTE: Your team will not be allowed to vote if your dues are not received prior to the January Business Meeting

Description	Amount	Quantity	Total
Minimum Fee (includes up to 10 members)	\$150.00	1	\$150.00
Additional Active Members	\$ 15.00	_____	\$ _____
Total Due			\$ _____

Notes:

Active Members are defined as but are not limited to Rescue Member, Full Member, Support Member, Trainee, Probationary, Field Associate, and Associate.

Gift Subscriptions are for non-members, i.e. SAR Coordinators, affiliated agencies, retired members, in-active members, and members on leave.

Please return the following items:

1. Your official team roster with names and addresses this must be in electronic spreadsheet format. Sample Format Attached.
2. A copy of this Dues Invoice completely filled out.
3. Check for the amount due payable to **Mountain Rescue Association**.
4. Directory Update Form.
5. Team Statistics for 2006 Due March 1st, 2008

Please mail to:
Mountain Rescue Association
PO BOX 880868
San Diego, CA 92168-0868

For questions please contact Kayley Trujillo,
kayley@kayley.com, (858) 229-4295 - Cell, (619) 374-7072 - Fax

Thank you for your participation in the MRA and your prompt response!

Mountain Rescue Association



Directory Change Form

Date: _____

Team Name: _____

Team MAILING Address: _____

Team Phone Numbers: 24 hour: _____ HQ or Dispatch: _____

Fax: _____ Other (specify): _____

Team E-Mail: _____

Team Web Site _____

CONTACT PERSON

Contact Person Name and Title: _____

Contact Person MAILING Address: _____

Contact Phone Numbers: Mobile: _____ Home: _____

Office: _____ Pager: _____

Contact Person's E-Mail: _____

REPRESENTATIVE FILLING OUT FORM:

Signature: _____ Print Name: _____

Please Mail to:
Mountain Rescue Association
PO BOX 880868
San Diego, CA 92168-0868