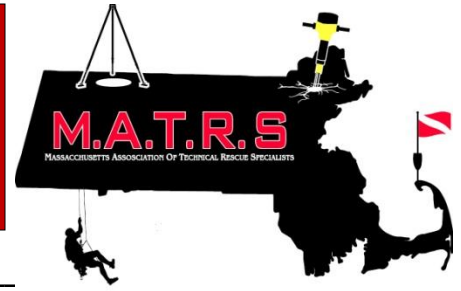


Massachusetts Association of Technical Rescue Specialists Membership Application



Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Email Address: _____

Phone #: _____

Member of a Mass Technical Rescue Team? Yes ___ / No ___

Team Name: _____

Team Leader: _____

Membership Type:

Firefighter Initial Join: \$50 ____

Non-Profit Agency: \$150 ____

Firefighter Renew: \$35 ____

Corporate Membership: \$300 ____

Individual Membership: \$75 ____

Do you agree to abide by the Constitution/Bylaws and all applicable rules and regulations of the organization? Yes ___ / No ___

Shirt Size: S ___ / M ___ / L ___ / XL ___ / XXL ___ / XXXL ___

Payment Method:

Check

Department PO:

PO #: _____

Department Name: _____

Billing Address 1: _____

Billing Address 2: _____

City: _____ State: _____ Zip: _____

Department Phone #: _____

Mail Completed Application to:

Massachusetts Association of Technical Rescue Specialists,
7 Kensington Drive
Sandwich, MA 02563

Make Checks Out To: Massachusetts Association of Technical Rescue Specialists

The Massachusetts Association of Technical Rescue Specialists does not discriminate based on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information.