



Application for Membership

APPLICANT TEAM INFORMATION:

Team Name: _____

Mailing Address: _____

Business Phone: _____ **Email Address:** _____

Group Type: (ground, canine, command, drone etc.) _____

Number of Members: _____ **Misc:** _____

Additional information can be provided on a separate sheet and attached to this application

Members shall be deemed to be in a region based upon their official address. If they reside outside of the Commonwealth, their region is determined by extending the regional Pennsylvania boundaries into the location of their official address.

Northeastern – North of Interstate 80 and east of Route 15

Northwestern – North of Interstate 80 and west of Route 15

Eastern - South of Interstate 80 and East of the Susquehanna River

Central - South of Interstate 80 from the Susquehanna River to the Laurel Ridge

GPS Coordinates: _____

Region: _____

Applicant Group Contact Information:

Name _____ **Date:** _____

Email Address: _____ **Phone Number:** _____

Signature: _____

Sponsoring Team: _____ **Date:** _____

Delegate Signature: _____

The Sponsoring team is responsible for: (a) Assuring that the applying team is in fact a lost person search and rescue organization, (b) Assessing the applying team’s ability to perform lost person search and rescue using currently accepted methods and techniques, (c) Reporting that assessment to the Membership Committee.

A team that is applying for membership in the PSARC shall provide to the Membership Committee:

- (a) A copy of its By-Laws (b) A copy of its Ethics policy or a signed copy of the PSARC ethics policy
- (c) A copy of its Criminal Background Check policy for its members, (d) A check written on the team account for the first year dues.

PSARC ONLY: Date application submitted: _____ **Meeting Date Application Accepted:** _____

Quarterly Meeting Attended [] [] [] [] []

Ethics Agreement [] **By-laws** [] **Background Check Policy** [] **Dues Check** []