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| http://www.pinetreesar.com/images/da29e74660d4430caea5ea510ff00f83.bmp | Membership Application | Maine Association for Search and Rescue Patch |

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address: |  | | | | |  |
|  | Street Address | | | | | Apartment/Unit # |
|  |  | | | |  |  |
|  | City | | | | State | ZIP Code |
| Please provide contact information below AND indicate which method is to be used for URGENT messaging (SEARCH) and which should be used for NON-URGENT messaging (Meetings, trainings, etc.).   |  |  | | --- | --- | | URGENT | NON-URGENT | | **Check One** | | |  |  | Cell Phone: |  | Carrier: |  | |  |  |  |  | | | |  |  | E-mail: |  | | | | | | | | | |
| Home Phone: \_\_ | |  | Work Phone: |  | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DOB (mm/yyyy): | / | Height: |  | Weight: |  | Hair Color: |  | Eye Color: |  |

Do you have any medical conditions that we should be aware of such as allergies or medications? YES  NO

|  |
| --- |
| If YES, please list them: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you been convicted of a crime? | YES | NO | If yes, attach statement. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you a Veteran of the U.S. Military? | YES | NO | If yes, what branch? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you speak, read or write a foreign language? | YES | NO | If yes, describe? |  |

|  |
| --- |
| List special skills, levels of first aid certification, other certifications and qualifications: |
|  |
|  |
|  |
| Any additional details for any questions requiring explanation of a short bio about your Search and Rescue experience: |
|  |
|  |
|  |
| List professional, trade, business or civic organizations you are a member of: (PLEASE - NO ACRONYMS) |
|  |
|  |

## References

Please list one reference that is not related to you and is not a previous employer.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  | | |

## Person to be Notified in Case of Emergency

|  |  |  |
| --- | --- | --- |
| Full Name: |  |  |
|  | Last | First |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Email: |  |
| Work Phone: |  |  |  |
| Cell Phone: |  |

## Disclaimer and Signature

***By signing below, I certify that my answers are true and accurate to the best of my knowledge, and I have read, understand and agree to abide by the MASAR media policy.***

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Please mail completed form and $20.00 dues payment to:

Larry Dehof

2 Basin Road

Windham, ME 04062

treasurer@pinetreesar.com