

## Mountain Rescue Association



## Dues Information Packet 2010

Items included in this packet:

1. MRA Invoice - must be returned no later than January 1, 2010. 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 2009 - must be returned no later than March 1, 2010.
3. Directory Change Form.
4. Sample spreadsheet for electronic roster submittal

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 2010 January 1, 2010 - December 31, 2010

Team Name: \_\_\_\_\_

Status: Regular Associate Ex-Officio  
Please circle one

Date Due: January 1, 2010

**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.

**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 1<sup>st</sup>, 2010

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

For questions please contact Kayley Bell,  
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: \_\_\_\_\_ Dispatch: \_\_\_\_\_

Business: \_\_\_\_\_ Fax: \_\_\_\_\_

Team E-Mail: \_\_\_\_\_

Team Web Site \_\_\_\_\_

MRA Representative

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

## Instructions for filling out directory change form:

Please note that the contact person you specify on this sheet is the person that will receive all pertinent information regarding the MRA, items include but are not limited to, pro-deals, dues invoices, conference information, billing questions, statistics forms etc. Please choose this person carefully so that all information gets back to your team.