

Mountain Rescue Association



Dues Information Packet 2016

Items included in this packet:

1. MRA Invoice - must be returned no later than **January 1, 2016. If your dues are not received prior to the Winter Business Meeting your team will not be allowed to vote.**
2. Annual Statistics Report 2015. You should be using the online system with ESRI, if you are not setup and entering your statistics as your missions are complete please contact me.
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 2016 January 1, 2016 - December 31, 2016

Team Name: _____

Status: Regular Associate Ex-Officio
Please circle one

Date Due: January 1, 2016

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

Description	Amount	Quantity	Total
Minimum Fee (includes up to 15 members)	\$225.00	1	\$ _____
Additional Active Members up to 51 add'l members	\$ 15.00	_____	\$ _____
Maximum dues if over 66 members is \$1000	\$1000.00	_____	\$ _____
Total Due			\$ _____

Notes:

Active Members are defined as but are not limited to Any Members, Rescue Member, Full Member, Support Member, Trainee, Probationary, Field Associate, Associate and all other terminologies that describe participating members of the Mountain Rescue Unit or Team.

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.

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 2016

Date: _____

Team Name: _____

Team MAILING Address: _____

Team Phone Numbers: 24 hour: _____ Business: _____

Team E-Mail: _____

Team Web Site _____

MRA Representative

Contact Name and Title: _____

Contact Mailing Address: _____

Contact Phone: Mobile: _____ Office: _____

Contact E-Mail: _____

Dues Contact

Dues Contact Name and Title: _____

Dues Contact Phone: Mobile: _____ Office: _____

Dues Contact E-Mail: _____

Statistics Contact

Statistics Contact Name and Title: _____

Statistics Contact Phone: Mobile: _____ Office: _____

Statistics Contact E-Mail: _____

REPRESENTATIVE FILLING OUT FORM:

Signature: _____ Print Name: _____

Instructions for filling out directory change form:

MRA Representative

The person you specify for this category is the person that will receive all pertinent information regarding the MRA, items include but are not limited to, pro-deals, dues invoices, and conference information. Please choose this person carefully so that all information gets back to your team.

Dues Contact

The person you specify will be contacted if there is an issue with your dues payment or electronic roster.

Statistics Contact

This person you specify will be given the login for online web-based statistics program for your team.

Please Mail to:
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San Diego, CA 92168-0868