

# Search and Rescue Tracking Institute Membership Application

Type of Membership  Field Member,  Member At Large  
(See also other levels of membership below)

Date: \_\_\_/\_\_\_/\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

SSN: ### - ## - ####

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Height: \_\_\_\_\_ Weight \_\_\_\_\_

Phone: Hm(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Cell(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Wk(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Provider: \_\_\_\_\_

Glasses / Contacts: Y \_\_\_ N \_\_\_

Email (primary) \_\_\_\_\_

Allergies: \_\_\_\_\_

(secondary) \_\_\_\_\_

Medications: \_\_\_\_\_

### Tracking/Signcutting Classes

### Dates

_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___

### SAR Certification / Experience:

(Year/Month of certification) (A copy of recent cert required)

<input type="checkbox"/> Tracker	___/___	<input type="checkbox"/> IC	___/___
<input type="checkbox"/> FTS	___/___	<input type="checkbox"/> IS	___/___
<input type="checkbox"/> FTL	___/___	<input type="checkbox"/> Dog Handler	___/___
<input type="checkbox"/> FTM	___/___	<input type="checkbox"/> COQ	___/___

**Medical Qualification:** Please list your current

Medical Qualifications and expiration date(s)

pls supply copy of cert w/application \_\_\_\_\_

**NIMS** (pls supply copy of cert w/application)

<input type="checkbox"/> ICS 100	<input type="checkbox"/> ICS 200	<input type="checkbox"/> ICS 700
<input type="checkbox"/> ICS 800	<input type="checkbox"/> ICS 809	<input type="checkbox"/> Other

Mission Availability: Full \_\_, Limited \_\_, None \_\_

If limited, specify: \_\_\_\_\_

Personal Transportation: Yr: \_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tags: \_\_\_\_\_

**Emergency Contact: Name:** \_\_\_\_\_ **Contact #** \_\_\_\_\_

What do you expect from SARTI?

### Interests (Select all that apply)

Search and Rescue

Law Enforcement

Military

Recreational

Man Tracking

Animal Tracking

### Classifications

#### ACTIVE (Aspirations)

Trainee/Walker

SARTI FTS

Operational-Tracker

#### MEMBER AT LARGE

Associate

Advisor

Dispatcher

What is your current occupation? \_\_\_\_\_

Are you currently volunteering with any other organizations?  YES  NO If yes, please list

\_\_\_\_\_  
\_\_\_\_\_

By signing this document I contend that the enclosed information is true to the best of my knowledge. Any act to deliberately mislead or defraud the SARTI will be grounds for dismissal or expulsion from the organization. I release SARTI and all of its members from any liability due to injury to my self or equipment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fees Paid: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_