



# VMRA 2026 Membership Application

Annual membership cost \$50.00

Membership paid on: \_\_\_\_\_

Car Number: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Contact # \_\_\_\_\_

Email: \_\_\_\_\_

Permission to share your contact information with other members:  Yes  No

## NOTIFY IN CASE OF EMERGENCY

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Contact # \_\_\_\_\_

List any medications you are currently taking and any allergies the emergency team will need to be aware of at time of treatment

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

List other important information that may be needed should emergency attention be needed

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

By signing this membership application, you acknowledge you have fully read and understand the current VMRA rules in place and agree to abide by said rules.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date