

Capital Area Crisis Response Team Membership Renewal Form

Section 1: To be an active member of CACRT

Last name: _____ First Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Preferred E-mail Address: _____

Active Members must pay annual dues of \$25.00 (make your check payable to CACRT and mail to the address below):

Section 2: To be a member of a response team as well as an active member:

Have you had Basic Training? Yes _____ No _____

Who provided the training? _____ Year of training: _____

Emergency Contact Name: _____

Relationship to Emergency Contact: _____

Emergency Contact Phone(s): _____

In order to comply with CACRT policies and procedures, please read, sign and return the attached Professional Ethics Code with your membership dues.

Annual Dues (see above) \$ _____

Donation: \$ _____

Amount enclosed: \$ _____

**Capital Area Crisis Response Team
4545 42nd ST. NW Suite # 212
Washington DC 20016**

CACRT Office use only. Membership Year: 2008 Amt: _____ Cash Check # _____
