

**NORTHWEST HORSEBACK SEARCH AND RESCUE
ANNUAL MEMBERSHIP RENEWAL**



Member Update			
Name:		DEM#	
Address:		City:	State: Zip Code:
Home Phone:		Cellular Phone:	Work Phone:
Email:		Secondary Email:	
Emergency contact # 1:		Emergency contact # 2:	
Phone:		Phone:	

Equine Update						
Horse to be removed from roster:						
ID Number	Name					
Horse to be added to the roster:						
Name	ID Number	Gender	Breed	Height	Weight	Color and Markings
Veterinarian Name:					Phone:	
In the event I am incapacitated and unable to contact and/or administrate veterinarian care, I authorize NWHSAR to contact and administrate veterinarian care as they see fit to the best of their knowledge. _____ Yes _____ No						
Updated Vaccination Records						
Required		Date Administered				Initial
Equine Encephalomyelitis						X
Equine Influenza						X
Tetanus						X
Rhino pneumonitis						X
Recommended						
Potomac Horse Fever						X
West Nile Virus series						X

NWHSAR Equipment Audit	
Please provide a list of all NWHSAR Equipment you currently have in your position:	
	Id #
<input type="checkbox"/> Radio:	
<input type="checkbox"/> GPS:	
<input type="checkbox"/> Other:	

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Current Auto Coverage/Insurance

As a King County Emergency Worker volunteer, or parent of an emergency worker volunteer, I may have occasion to drive my personal motor vehicle during the course of missions. I understand that the King County Office of Emergency Management (OEM) needs to be confident that any motor vehicles used to get to or from missions are in good working condition, and in compliance with all Washington State laws regarding motor vehicles.

Note to motorcyclists: Although Washington State law does not require motorcyclists to have vehicle insurance, all King County Search and Rescue volunteers will be required to maintain current vehicle insurance.

Vehicle Insurance Company: _____

Policy Number: _____

Expiration Date: _____

I hereby certify that any motor vehicle that I drive in the course of performing, or assisting others in performing, Office of Emergency Management missions will be in good working condition and will comply with all Washington State laws regarding motor vehicles.

X _____
Emergency Worker's signature

X _____
Parent's signature *(if emergency worker is not self insured)*

Copy of Current Insurance Card is Attached

Personal Information Update

To help spread the wealth of duties within our unit, NWHSAR is interested in know how you would like to serve. Some of your options are listed below. Please check at least one box.

- Training Committee
- Communication Committee
- Social Committee
- Ways & Means (Grant writing & Fund Raising)
- Vehicle Committee
- Other:

Comments

List any additional Skills, Resources and/or Connections you have acquired that will help support NWHSAR:

Have you had any changes to your health in the last year worthy of noting? ____ No ____ Yes (If yes, please list below)

DUES

Enclosed are my dues for 20____ in the sum of \$_____.

I declare that this information is true and accurate.

I understand that my participation in this program is contingent upon the accuracy of the above information and my following all laws, policies and procedures established by King County or its agents with regard to the emergency worker program and the activities of its volunteers.

If this is a renewal, I declare that my contact information on the online database, www.kingcountysar.org/database is true and accurate.

X _____
Signature

Date