



Membership Application

Individuals, Agencies, SAR Teams, and Support Units

Individuals

Name _____ **SAR Affiliation** _____
Address _____ **City** _____ **ST** ____ **Zip** _____
Telephone _____ **Occupation** _____
Years in SAR _____ **SAR Specialties (if any)** _____
E-Mail: _____

Sheriffs

Name _____ **County** _____
Address _____ **City** _____ **ST** ____ **Zip** _____
Dispatch Phone _____ **Business Phone** _____
E-mail: _____ **Web site:** _____

SAR Teams and Support Units

Unit Name _____
Address _____ **City** _____ **ST** ____ **Zip** _____
Dispatch Phone _____ **Business Phone** _____
Unit Capabilities _____
E-mail: _____ **Web site:** _____
Accreditations, certifications held _____

Required Information

Optional Information

All information is for CSRB use only and will not be divulged to anyone outside the CSRB without your permission.

Dues - Individual \$15 Agencies \$50

Mail payment and form to the following address:

Colorado Search and Rescue Board
PO Box 631452
Highlands Ranch CO 80163