Ocean Regional Ethics Committee (OREC)

MEMBERSHIP APPLICATION

Date: _____

Facility Name: _____

Address: _____

City, State, Zip Code: _____

Business Phone #: _____ **Fax #:** _____

E-Mail Address: _____

Contact Person/Title: _____

Member Names/Titles: **1.** _____
2. _____
3. _____

Payment represents membership dues for one (1) year, commencing when dues are received and terminating one year later. Renewal (including information update and dues) will be required to maintain membership for subsequent years. It is the responsibility of the member facility to apprise the OREC membership staff of any staff representation in OREC. Please make checks payable to OREC.

MEMBERSHIP SELECTION

CORPORATE	**$100.00**	_____
FACILITY	**$50.00**	_____
INDIVIDUAL	**$25.00**	_____

Please remit payments to:
OREC Membership Committee
C/O Alert Ambulance Service
1195 Airport Road
Lakewood, NJ 08701
ATTN: Geri Pedicini