



Change-in-Status Request Form

Charlottesville-Albemarle Rescue Squad
 828 McIntire Rd
 Charlottesville, VA 22902

Full Name (First, Last)	
E-mail Address	Phone Number

What is your current status? (circle one)	
Active-Medical Associate-Medical Associate-Practitioner Associate-Support Associate-Driver Active Life Reserve Life Retired Life	
Which status do you want to change to? (circle one)	
Active-Medical Associate-Medical Associate-Practitioner Associate-Support Associate-Driver Active Life Reserve Life Retired Life	

Answer all of the following questions if you are changing from a non-life status to another non-life status.

When did you first start collecting?	When did you get released as an AIC?	If granted, when do you want it to start?
What city will you be residing in?		When do you anticipate on changing back to your current status?
When do you anticipate you will be able to run at C-ARS if your request is granted?		
Why do you want to change your status? (Use as much space as needed)		
What other things do you want us to know/consider in our decision or you feel justifies your consideration for associate membership?		

(Attach additional information to this form that you feel may be necessary.)

The requirements for associates are detailed in the membership section of the C-ARS bylaws. It may be possible for associate membership to be granted to those who have not fulfilled these requirements but can demonstrate a unique benefit to the Squad that would be gained by their membership.

In order for your application to be considered, you must submit this application to the Membership Box and a copy to the Associate Coordinator. The Membership Committee reviews such applications and makes a recommendation to the Board of Directors.