



INVOICE

**East Texas Gulf Coast Regional Trauma
Advisory Council**

INVOICE # FY2027
DATE: _____, 2026

PO Box 518, Manvel, TX 77578-0518

Phone 409-302-3201

racinfo@rac-r.com

www.rac-r.com

ENTER PROVIDER NAME: _____

RAC-R Membership Dues for Fiscal Year 2026-2027

	Paying by Check	Paying with Credit card (includes 2.99% fee + \$0.49 transaction fee)
EMS 1 - 3 licensed ambulances	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$154.98
EMS 4 - 6 licensed ambulances	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$257.97
EMS 7 - 10 licensed ambulances	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$515.44
EMS > 10 licensed ambulances	<input type="checkbox"/> \$750.00	<input type="checkbox"/> \$772.92
First Responder Organization	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$103.48
Air Medical Provider (Fixed Wing or Rotor)	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$515.44
Hospital Non-designated Trauma	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$515.44
Hospital Trauma Level IV	<input type="checkbox"/> \$600.00	<input type="checkbox"/> \$618.43
Hospital Trauma Level III	<input type="checkbox"/> \$750.00	<input type="checkbox"/> \$772.92
Hospital Trauma Level II or I	<input type="checkbox"/> \$1,250.00	<input type="checkbox"/> \$1,287.87

Make all checks payable to:

East Texas Gulf Coast Regional Trauma Advisory Council

PO Box 518

Manvel, Texas 77578-0518

Credit Card or Debit Card payments can be made through PayPal.

Payment link: <https://www.paypal.com/ncp/payment/6BBAHWJUSNKA6>

Due no later than November 13, 2026. Thank you for your PARTICIPATION!