



ASSOCIATION SUPPLEMENT

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General Information

Date: _____

Legal Name of Organization: _____

Which best describes the organization (please check all that apply):

- Professional Association
- School – Trade or Vocational
- Training Facility
- Advisory Council
- Other (please describe): _____

The organization is a (please check one):

- Independent Governmental Entity
- Part of a Municipality (City or Town)
- Independent Non-Profit Organization
- Other (please describe): _____

Years in operation: _____

Number of Members: _____

Operations

Please describe the purpose or scope of duties your organization provides:

What counties, cities, towns and villages does the organization service?

Does your organization develop or enforce protocols, policies or procedures?

Yes No

If yes, please provide details:

Operations (continued)

Does your organization provide any incident command services? Yes No

If yes, please provide details:

Does your organization provide training services? Yes No

If yes, please describe what type of training is offered:

Number of Classes Held Annually: _____

Average Number of Participants Attending Each Class: _____

Does your organization provide or loan any equipment to others? Yes No

Are inventory records maintained on a regular basis? Yes No

Who is responsible for loss or damage to equipment?

Who is responsible for maintenance of the equipment?

Are written agreements in place? Yes No

Management

Your officers and/or board members consist of:

Volunteers Elected Officials Appointed Officials Employees

What are the minimum qualification requirements for any officer and/or board member?
