



S*S*U
STATE SURGEONS UNIT



APPLICANT INFORMATION			
Last:	First:	MI:	
Medical Specialty:		Degree:	
Mailing Address:			
City:	State:	ZIP Code:	
Primary Number: () -		Primary Email:	
Name of Practice:			
Practice's Website:			
Office Address:			
Office Number: () -	Office Fax: () -	Mobile: () -	
Referred By:			
VEHICLE INFORMATION			
To register your vehicle(s) for the parking placard, please provide the following information:			
Vehicle 1 - Year:	Make:	Model:	
License Plate:		State:	
Vehicle 2 - Year:	Make:	Model:	
License Plate:		State:	
INFORMATION ON OUR WEBSITE			
Would you like your practice's information to be posted on our website? YES <input type="checkbox"/> NO <input type="checkbox"/>			
TO COMPLETE YOUR ID CARD			
Date of Birth:	Height:	Eye Color:	Hair Color:
Please sign within the white box on the right. Signature will be displayed on your ID card.			
FOR OFFICE USE ONLY:			
Date Application Received:			Affix copy of passport photo here
Credit Card: Amex Visa MC D Last 4-digits: Check No.:			
Shield & ID Card Number:			
Placard Number:			
Date Approved:			

Please read and complete the following as indicated:

1. All completed applications should be forwarded directly to: State Surgeons Unit, 4023 Kennett Pike, Suite 500, Wilmington, DE 19807
2. Please attach a copy of your State's License or Registration to practice your specialty.
3. Attach a current resume.
4. Provide two passport photos with names printed on the back and a copy of your driver's license.
5. Submit a check or money order in the amount of \$425 to cover the application fee and the first years' dues. This amount will cover the cost of application, wallet with shield and dual IDs, and parking placard. Thereafter, dues renewal in the amount of \$425 (subject to change) per year shall be paid to cover shield licensing fee, parking placard, and ID card renewal. Membership is based on a calendar year and annual dues are to be paid before January 31st of each year. All checks should be made payable to the *State Surgeons Unit*.
6. When your application is received we will contact you via email. If the application cannot be processed for any reason, we will also notify you.



State Surgeons Unit's Program Rules and Regulations

1. NAME AND GOOD-WILL

A Member shall not use his/her affiliation with State Surgeons Unit's name, contacts, work products, opportunities, or other property to further Member's business, employment, personal or outside activities. A Member shall not use State Surgeons Unit's name for Member's benefit such that State Surgeons Unit's name will be deemed to lend weight or prestige to any Member's sponsorship of a political party or cause, nor shall Member use State Surgeons Unit's name in any way to suggest that State Surgeons Unit endorses any products, services, or causes of any outside entity, organization, company or partnership.

2. PUBLICATIONS

Either State Surgeons Unit, or his/her attorney, designee, or agent must approve any publication, printed, or electronic material authored by a Member if that publication, printed, or electronic material:

- 1) Bears the State Surgeons Unit's name;
- 2) Is derived from and/or pertains to the subject matter of the State Surgeons Unit's work;
- 3) Is derived from and/or results from a communication to or by the employee at the State Surgeons Unit at any time whatsoever; or
- 4) Is derived from and/or created through the use of any State Surgeons Unit's property, including but not limited to State Surgeons Unit's facilities, equipment, and/or work product.

3. SOLICITATION & DISTRIBUTION

Members shall not use the State Surgeons Unit's property and/or work time to sell personal products on Member's behalf, services provided by Members, or to solicit funds from any other person for the benefit of the Member.

4. INDEMNIFICATION

Member does hereby agree to indemnify, defend and hold harmless the State Surgeons Unit, the American Association of State Troopers, Inc., and all of their respective members, officers, directors, employees and agents from and against any and all claims, damages, actions, costs, losses and expenses, including attorney's fees, incurred on account of personal injury, death, or damages to or loss of property in connection with the State Surgeons Unit or the American Association of State Troopers, Inc. to the extent that same was caused by (a) member's negligence or willful misconduct, or (b) member's breach of this agreement.

5. GENERAL CONDITIONS

- A. Information collected is used solely for processing your membership. All information you provide to us is kept confidential and will not be applied in ways to which you have not consented. We will not sell or disclose any information that identifies you to a third party.
- B. If your shield or ID card(s) are lost or stolen, you are to notify the SSU office immediately. Additionally, you must file a police report and a copy should be sent to our address listed above.
- C. Participation in the Program is subject to your agreement to be bound by the Program Rules. SSU reserves the right to refuse membership to any person who does not agree to be bound by, or who violates, the Program Rules.
- D. Membership in the Program is offered at the discretion of State Surgeons Unit. Any failure of a member to follow Program Rules, any abuse of the Program or its privileges, or any misrepresentation of any information furnished to SSU or its Program Affiliates by any member or anyone else acting on the member's behalf, may result in the termination of the member's membership. Fraud, abuse, or conduct in violation of applicable laws, regulations or ordinances by members in connection with participation in the Program will be subject to administrative and/or legal action by State Surgeons Unit, including termination of membership.
- E. The Program is made available on the express condition and agreement of the members that neither State Surgeons Unit, the Program Affiliates, nor their respective officers, agents or employees (collectively, the "Program Group") shall be liable to any member for any matter related to participation in the Program other than for performance of the obligations expressly created by these Program Rules (the "Program Obligations").

AGREEMENT

I hereby apply to become a participating doctor and Member of the State Surgeons Unit.

Becoming a member of the State Surgeons Unit does not give you any authority as a law enforcement officer. The ID cards, shield and placard will not be used to violate or abuse any municipal, vehicle and traffic laws, or penal laws. It is up to the discretion of the State Surgeons Unit to allow member into the organization and to revoke membership if necessary. All materials (ID cards, shield, placard) received from the organization are property of the organization and must be returned upon request.

In the event that I choose to terminate this membership, I agree to notify the SSU in writing at least thirty (30) days in advance of the effective date of termination. I understand that the State Surgeons Unit reserves the right to terminate my membership in the organization. I understand that if my membership is discontinued for any reason, I will return all materials (ID cards, shield, placard) pertaining to the organization.

Certification: I certify that the statements and information set forth on this document are true and correct. I make these statements, provide this information and sign my name with the knowledge that willfully making and signing a document containing false or incorrect matters or willfully issuing a false or fraudulent document is punishable under penalty of law. My signature below indicates my agreement to and acceptance of the terms and conditions of membership as outlined by the State Surgeons Unit and set forth in this application.

Signature: _____

Date: _____