



**OFFICE USE ONLY**  
Date Confirmation Letter Sent: \_\_\_\_\_

**Stephen Bobella, Jr.**  
President

**Everitt F. Binns, Ph.D.**  
Executive Director

**EASTERN PENNSYLVANIA EMS COUNCIL - MEMBERSHIP APPLICATION**

I hereby request to be considered by the Board of Directors of the Eastern Pennsylvania Emergency Medical Services Council for membership on the Eastern PA EMS Council.

I am applying for the following membership status: (Check one only)

**Active Member** [An active member is any individual that currently participates in the delivery of emergency medical services and must meet all membership requirements of the Eastern PA EMS Council By -laws. They can be, but are not limited to, First Responders, EMT's, Paramedics, PHRN's, Physicians, R.N.'s, Hospital Administrators, and Public Safety Personnel (including Police, Telecommunicators/Dispatchers, Firefighters and Emergency Management Officials). Active members shall be entitled to one vote at Regular or Special Council meetings.

**Associate Member** [An associate member is any individual interested in the provision of emergency medical services and who does not currently participate in the delivery of emergency medical services and must meet all membership requirements of the Eastern PA EMS Council By-laws. They can be, but are not limited to, Consumers, Government Officials, Private, Public, Voluntary Agencies and Organizations as well as other Healthcare Providers. An associate member shall not be afforded voting privileges at Council meetings.

**\*Please specify your areas of interest: (BLS, CISM, Public Information & Education, Conference, Performance Improvement, Various Active Task Forces).**

\_\_\_\_\_  
\_\_\_\_\_

Other areas of Interest : \_\_\_\_\_

**\*\*\* INCOMPLETE FORMS WILL NOT BE CONSIDERED FOR APPROVAL \*\*\***  
**PLEASE, TYPE or PRINT CLEARLY – LIST PREFERRED CONTACT INFORMATION.**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Membership Affiliation:**     First Responder     EMT     Paramedic     PHRN     Physician  
(Check all that apply)     RN     Hospital Admin     Public Safety     Police     Dispatcher  
 Firefighter     Emergency Management     Other \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Business: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Other: (\_\_\_\_)\_\_\_\_-\_\_\_\_

E-Mail address: \_\_\_\_\_

X \_\_\_\_\_

Applicant's Signature

Date

REVISED 4/09