



OFFICE USE ONLY
Date Confirmation Letter Sent: _____

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 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 and Public and 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 (EMS Education and Training, BLS, Public Educations, QA&I, Pre-Hospital/Nursing Liaison, Managers Task Force, CISM):

Other Areas of Interest: _____

***** INCOMPLETE FORMS WILL NOT BE CONSIDERED FOR APPROVAL *****
PLEASE PRINT OR TYPE 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: (_____)_____-____-_____

Pager: (_____)_____-____-_____ Other: (_____)_____-____-_____

E-Mail address: _____

X _____
Applicant's Signature Date