



<b>OFFICE USE ONLY</b> Date Confirmation Letter Sent: _____
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**Joel C. Calarco**  
 President  
**John G. Kloss**  
 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 circle your areas of interest:**

**ALS, BLS, CISM, Public Information, Education, Performance Improvement, Active Task Forces**

**Other areas of Interest:**

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**PLEASE LIST CONTACT INFORMATION.**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Membership Affiliation:** (Check all that apply)

<input type="checkbox"/> First Responder	<input type="checkbox"/> EMT	<input type="checkbox"/> Paramedic	<input type="checkbox"/> PHRN	<input type="checkbox"/> Physician
<input type="checkbox"/> RN	<input type="checkbox"/> Hospital Admin	<input type="checkbox"/> Public Safety	<input type="checkbox"/> Police	<input type="checkbox"/> Dispatcher
<input type="checkbox"/> Firefighter	<input type="checkbox"/> Emergency Management	<input type="checkbox"/> Other _____		

**Home Address:**

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

**Work Address:**

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

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

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

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

X \_\_\_\_\_  
**Applicant's Signature** **Date**

**REVISED 9/17**