**MIDSTATE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF**

**ONEIDA, HERKIMER AND MADISON COUNTIES, INC.**

MEMBERSHIP APPLICATION

Application must be accompanied by letter of intent and resume

Name County

Address: Phone (home)

 (cell)

 Email

Application for Voting membership ( ) Associate membership ( )

Background

Interest in EMS

Other Comments

 Signature Date

Membership Committee:

 Date Received \_\_\_\_\_\_\_\_\_\_\_\_ Date Acted on \_\_\_\_\_\_\_\_\_\_\_\_

 Status / Recommendation of Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Membership Committee Chair Date