**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