

APPLICATION FOR PEHSC COUNCIL MEMBERSHIP

Name of Organization: _____

Organization Address: _____

Telephone: _____ Fax: _____

Delegate Name: _____ Email: _____

Delegate Address: _____

Delegate Telephone: _____ Fax: _____

Type of Organization: _____ Not for Profit _____ For Profit

Total number of members that your organization represents: _____

Does your organization have By-Laws? _____ Yes _____ No

(If so, please forward a copy with this form as well as any brochures, etc., that would further explain your organization's purpose / mission.)

Please record your mission statement. (Use a separate sheet if necessary):

Please describe your geographical representation. (Use a separate sheet if necessary):

Please indicate the constituency that your organization represents:

_____ citizens	_____ facilities
_____ local government	_____ public agency
_____ volunteer agency	_____ EMS personnel
_____ emergency medical or health services	_____ other (describe) _____

How will you be able to serve the mission of PEHSC?

Please list any other organizational memberships:

Will your organization support the activities of your representative as it relates to Council meeting attendance, etc.?

_____ Yes _____ No

INFORMATION (This section MUST be completed for membership consideration.)

County of Residence: _____

EMS Council Region: _____

Licenses/Certifications (current only): _____

Degrees Held (if applicable): _____

Specialized Training or Areas of Expertise: _____

Emergency Services-Related Memberships: _____

EMS REPRESENTATION: Based upon current position(s). Check as many as apply.

- | | |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Volunteer EMT | <input type="checkbox"/> Volunteer EMT-Paramedic |
| <input type="checkbox"/> Volunteer Fire/Rescue | <input type="checkbox"/> Volunteer First Responder |
| <input type="checkbox"/> Volunteer Emergency Responder | <input type="checkbox"/> County EMS Council |
| <input type="checkbox"/> Full Time Paid EMS Provider
(indicate license/certificate level) -
_____ | <input type="checkbox"/> Part-time Paid EMS Provider
(indicate license/certificate level) -
_____ |
| <input type="checkbox"/> EMS Educator | <input type="checkbox"/> Management/Admin. Of EMS Organization (BLS/ALS) |
| <input type="checkbox"/> Management/Admin. of EMS Assoc. | <input type="checkbox"/> Other _____ |

OPTIONAL INFORMATION:

Occupation: _____

Position/Title: _____

Organization: _____

Organization Type:

- | | |
|---------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Non-Profit BLS | <input type="checkbox"/> For Profit EMS |
| <input type="checkbox"/> Non-Profit ALS | <input type="checkbox"/> Hospital for Profit |
| <input type="checkbox"/> Hospital for Non-Profit | <input type="checkbox"/> Regional EMS Council |
| <input type="checkbox"/> Industrial Health Care | <input type="checkbox"/> Government (Describe _____) |
| <input type="checkbox"/> State Organization/Association | <input type="checkbox"/> Regional Organization/Association |
| <input type="checkbox"/> Training Site | <input type="checkbox"/> Other _____ |

Membership on a committee of the Pennsylvania Emergency Health Services Council includes attendance at committee meetings and active participation in the committee's deliberations.

I agree to the conditions of membership as stated in the Council By-Laws.

Signature: _____ Date: _____

PLEASE NOTE: This application must be accompanied by a letter of authorization from the organization's President, CEO, or Director designating this individual as its representative.