



Westchester REMSCO MEMBERSHIP APPLICATION

Please indicate the constituency and sub-group if applicable. See Membership policy statement for definitions.

<input type="checkbox"/> EMS Agency	<input type="checkbox"/> Fire (Career)	<input type="checkbox"/> Police	<input type="checkbox"/> Allied Medical Professional	<input type="checkbox"/> Course Sponsor	<input type="checkbox"/> At-Large
Select One					
<input type="checkbox"/> Commercial					
<input type="checkbox"/> Municipal					
<input type="checkbox"/> Vol (Ind.)					
<input type="checkbox"/> Vol (Fire)					

Applicant Information (Please type or print legibly)

Last Name _____ First Name _____ Title _____

Address _____ Apt/Unit _____

City _____ State _____ ZIP _____

Home # _____ Work # _____

Email 1 _____ Email 2 _____

Affiliation / Constituency Information

Organization Name _____

Address _____ POB _____

City _____ State _____ ZIP _____

Phone # _____ Fax # _____

Chief Officer/ Dir _____ Title _____

Phone # _____ Email _____

Applicant Signature _____ Date _____

I support the nomination of this applicant to the Westchester Regional EMS Council.

Chief Officer/ Dir Signature _____ Date _____

• **NOTE: Resume or CV must be attached. Document must contain original signatures.**

For Regional EMS Office Use

Received Date _____ Approved? Yes No

Comment _____

As of 2015-07-14