

# Montana EMS Association

MEMSA

Membership application form

## Individual membership

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

E mail: \_\_\_\_\_

Mailing address;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ EMR

\_\_\_ EMT

\_\_\_ AEMT

\_\_\_ Paramedic

\_\_\_ Other \_\_\_\_\_

Agency \_\_\_\_\_

\_\_\_\_\_

Years in EMS \_\_\_\_\_

Volunteer? \_\_\_\_\_

MEMSA uniform patch ..... \$4.95  
(first year free)

Annual individual membership .....\$30.00

Total.....\$\_\_\_\_\_

## EMS Service membership

Name of service:

\_\_\_\_\_

E mail: \_\_\_\_\_

Service manager: \_\_\_\_\_

E Mail: \_\_\_\_\_

Web page: \_\_\_\_\_

Mailing address;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responding since 19\_\_\_\_

(send us a copy of your logo and we will post it on our web page)

Free membership in the

Savvik buying group

Annual membership ..... \$100.00

Make checks payable to MEMSA

Mail to: MEMSA  
PO Box 656  
Helena MT 59624