

**Southern Tier Regional EMS Council**

**Application to become an Alternate**

Alternate:

1. Name

Address

Phone (home) (Cell)

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization

Position

What benefits could this person bring to the Council?

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Signature of Committee Member/Date Signature of Alternate/Date

Return completed to STREMS Council

P.O. Box 191

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| *For Office Use only*: Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exec committee action: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of action: \_\_\_\_\_\_\_\_\_\_\_Council action taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of action: \_\_\_\_\_\_\_\_\_\_Revised 9/29/2017  |

Elmira, NY 14902