

Southern Tier Regional EMS Council
Application for Membership

1. Personal Information

Name _____

Address _____

Phone (home) _____ (work) _____

E-mail _____ Fax _____

2. Education Information (attach a separate page if necessary)

	School Attended	Dates of Attendance	Degree Attained and Major Area of Study
High School			
College or University			
Additional/Advanced Degrees(s) and/or Training			
EMS or other Training			

Are you presently involved in Emergency Medical Services?

Organization(s) _____

Position/Years of Service _____

3. Employment Information

Employer: _____ Current occupation and duties: _____

Please list other life experience you feel is appropriate: _____

4. Additional Information

Why do you want to be a member of the STREMS Council? _____

What assets would you bring to the Council if you were a member? _____

On which committee(s) do you feel you could make the best use of your expertise? (See enclosed committee descriptions) _____

5. References

Please list two (2) references, not related to you. Include name, address, telephone number *and affiliation*.

1. _____

Phone _____

2. _____

Phone _____

I hereby acknowledge that the enclosed information is accurate.

Signature *Date*

Return completed application to:
STREMS, Inc.,d.b.a. EMSTAR
Council Application
1058 West Church Street
Elmira, NY 14905

Any questions regarding the Southern Tier Regional EMS Council, please contact any Council member.

<i>For office use only:</i>	Date received: _____	Date action taken: _____
Action taken:		
<i>Applications will be held for one year from date of receipt.</i>		