



APPLICATION FOR MEMBERSHIP

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ Fax: _____

State: _____ Zip: _____ Cell Phone: _____

E-Mail: _____

EMS Region _____ 1 So. West _____ 2 So. Central _____ 3 North Central
 _____ 4 Eastern _____ 5 No. West

I am currently certified as an EMS – Instructor.

EMS-I Number: _____ Expiration Date: _____

Other EMS Certifications or Licenses: _____

Payment enclosed: _____ Lifetime member \$1500.00
 _____ Annual member \$50.00

Signature: _____ Date: _____

Please send completed application, payment and a copy of your current EMS-I certification card to:

CSEMS-I
P.O. Box 310793
Newington, CT 06131