Connecticut Society
of
Emergency Medical Services Instructors, Inc.
Application for Membership

Name: _____ **Home Phone:** _____

Address: _____ **Work Phone:** _____

City: _____ **Cell Phone:** _____

State: _____ **Zip Code:** _____ **Fax Number:** _____

E-Mail Address: _____

EMS Region: 1 – Southwest 2 – South Central 3 – North Central
4 – Eastern 5 – Northwest

EMS-I Number: _____ **Expiration Date:** _____

Other EMS Certification(s) or License(s): _____

Payment enclosed: Lifetime Membership: $1,500.00 _____
Annual Membership: $ 50.00 _____

I attest that I am currently certified as an EMS Instructor

_____ _____
(Signature) (Date)

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

CSEMSI
P. O. Box 194
East Windsor, CT 06088