



Member Application – Individual

Use this form if you are applying for Membership with the Huron-Sanilac EMS Network as an Individual.
For Organization membership, please use Member Application - Organization.

Name: _____

Address: _____

Telephone: _____

Alternate Phone: _____

Fax: _____

Email: _____

Please check level of interest:

- Voting Member (limited to EMS professionals who provide EMS service in Huron or Sanilac Counties)
 Associate Member
 Board of Directors Member Current Future

Please check if interested in serving on the following committee(s):

- | | |
|---|--|
| <input type="checkbox"/> Finance (standing committee) | <input type="checkbox"/> Technology (ad-hoc committee) |
| <input type="checkbox"/> Education (standing committee) | <input type="checkbox"/> Special Events (ad-hoc committee) |
| <input type="checkbox"/> Outreach (standing committee) | <input type="checkbox"/> Grants (ad-hoc committee) |
| <input type="checkbox"/> Fundraising (standing committee) | |

With which Huron or Sanilac County EMS service(s) are you active?

I agree to support and will work to advance the Vision, Mission and Goals of the Network. I agree to be bound by and comply with all the terms and requirements of the By-laws, and to fulfill my fiduciary duties to the Network and its Members.

Printed Name of Authorized Representative

Date

Signature

Title

Please return completed application and membership dues (regularly \$20 per calendar year, discounted rate of \$10 if received before March 1, 2009) to: Leslie Hall • PO Box 265 • Caro, MI • 48723