



Member Application – Organization

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

Organization Name: _____

Contact Person: _____

Telephone: _____

Alternate Phone: _____

Fax: _____

Email: _____

Please check level of interest:

- Voting Member (limited to EMS organizations which provide EMS service in Huron or Sanilac Counties)
- Associate Member – See attached for tiered fee structure
- Corporate Sponsor

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) | |

Name of current Huron-Sanilac EMS Network member endorsing your application for membership:

What services does your organization provide in Huron or Sanilac Counties?

What does your organization hope to gain from joining the Huron-Sanilac EMS Network?

What resources or expertise can your organization provide to the Huron-Sanilac EMS Network?

My organization supports and will work to advance the Vision, Mission and Goals of the Network. My organization agrees to be bound by and comply with all the terms and requirements of the By-laws, and to fulfill our fiduciary duties to the Network and its Members. I represent and warrant that, if applicable, my organization's Board of Directors/Trustees supports my organization's participation in the Huron-Sanilac EMS Network.

Printed Name of Authorized Representative

Date

Signature

Title