



## APPLICATION FOR MEMBERSHIP

Submission Date: \_\_\_\_\_

### Personal Information

Name			
Residential Address	City	State	Zip
Phone #s	Home ( ) -	Cell ( ) -	Work ( ) -
E-mail address			

### Membership Position Desired

<b>Director:</b> <input type="checkbox"/> At Large <input type="checkbox"/> Broome <input type="checkbox"/> Chenango <input type="checkbox"/> Tioga	<b>Alternate:</b> Director: _____  Requested Director must sign below.  Approval: _____	<b>Renewal:</b> Current Seat: _____  Current Seat Expiration: _____
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### Committees of Interest

<input type="checkbox"/> CON	<input type="checkbox"/> Education	<input type="checkbox"/> Board Development
<input type="checkbox"/> Finance	<input type="checkbox"/> Operations	<input type="checkbox"/> REMAC

### EMS/ Hospital Affiliations

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

**Relevant License or Certification (Please include Number and Expiration Date)**

1. _____
2. _____
3. _____

**Instructor Status/Expiration Dates**

1. _____
2. _____
3. _____
4. _____

**Offices/Positions Held/Holding**

1. _____
2. _____
3. _____

**Personal References**

<b>Give the names of three persons not related to you whom you have known at least one year</b>				
Name	Address	Business	Email	Years Known
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**Authorization**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning any pertinent information they may have, personal or otherwise and release the SREMS from all liability for any damage that may result from utilization of such information.

DATE \_\_\_\_\_ Signature \_\_\_\_\_