



SC EMS Association

MEMBERSHIP APPLICATION

Air Medical Service

Service Membership: \$150.00 per SC Licensed Medical Aircraft

_____ # of SC licensed Medical Aircraft x \$150.00= _____

Total Fees Submitted: _____

Date: _____

(Membership years are July1-June30)

Name: _____

Phone: _____

Organization: _____

Fax: _____

Address: _____

Email: _____

City: _____

State: _____

Please return membership application and dues to:

South Carolina EMS Association

PO Box 1033

Summerville, SC 29484