



SC EMS Association

MEMBERSHIP APPLICATION

Service Membership

Service Membership: \$100.00 per Licensed Ambulance

Total Fees Submitted: # of Ambulances _____ X \$100.00= _____

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