



# SC EMS Association

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## Membership Form

Please fill out all blanks in the form below and submit for processing. Once the form is submitted, an invoice will be issued and payment will be due.

Individual

Regional

Service

Vendor

Name of Agency: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip Code

\*If membership selected is regional, service, or vendor please fill out the following information below.

Type of Agency: \_\_\_\_\_

Number of Vehicles: \_\_\_\_\_

Other Contact Info: \_\_\_\_\_

Submit form to [membership@scemsassociation.com](mailto:membership@scemsassociation.com) for invoicing.