

**SEVEN MOUNTAINS  
EMERGENCY  
MEDICAL SERVICES  
COUNCIL, INC.**



**APPLICATION FOR MEMBERSHIP  
SEVEN MOUNTAINS EMS COUNCIL**

ORGANIZATION INFORMATION - (Use a separate sheet if necessary)

Name of Organization: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please record your mission statement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your organization have additional stations/sub-stations/or satellite locations?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Does your organization operate in multiple counties: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your organization have By-Laws? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of Organizational Structure: \_\_\_\_\_ Not for Profit \_\_\_\_\_ For Profit

Total number of members that your organization represents: \_\_\_\_\_

Please describe the constituency and geographic representation of your organization:  
(Please attach any brochures, etc., which would further explain your organization's  
purpose/mission)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you be able to help support the mission of Seven Mountains EMS Council?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your organization support the activities of your representative as it relates to Council  
meeting attendance, etc.? \_\_\_\_\_ Yes \_\_\_\_\_ No

DELEGATE INFORMATION\*

Delegate Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position within Organization: \_\_\_\_\_

Delegate Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Delegate Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

ALTERNATE INFORMATION\*

Alternate Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position within Organization: \_\_\_\_\_

Alternate Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Alternate Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*PLEASE NOTE: A letter of authorization - on organizational letterhead signed by the organization's President, CEO, or Director - must accompany this application designating these individuals as its representatives.

AFFORMATION

- The annual meeting of Seven Mountains EMS Council Inc. is held the first Thursday of October. Meeting time & location will be forwarded prior to the meeting date.
- The Board of Directors meet as adopted by themselves at their re-organizational meeting in October. Please see webpage for current schedule.
- Members who fail to attend three (3) consecutive meetings of the Council shall be dropped from Council membership.

*I affirm that the information provided within this membership application is true, correct and complete to be best of my knowledge and belief. I also acknowledge and agree to the terms of membership as stated in the Council By-Laws (some indicated above).*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signatory

\_\_\_\_\_  
Position/Title of Signatory