

Whatcom County EMS/TC Council Membership Application – Agency Representative

Contact Information

Name	
Street Address	
City ST ZIP Code	
Contact Phone	
Email Address	
Are you a Whatcom County Resident?	Yes No

Agency Information

Sponsoring District/Agency _____

Volunteer

Paid

Full Time

Part Time

Skills/Qualifications/Experience

Why are you seeking membership in the Whatcom County EMS/TC Council?

What do you feel you can contribute to the committee?

Agreement and Signature

I acknowledge that I have read and understood the WCEMSC bylaws. I understand the definition of a member in good standing, and I hereby pledge that I will attend a minimum of four consecutive WCEMSC or committee meetings per fiscal year. In the event that I cannot meet this requirement, I understand that my voting rights are suspended until I attend two consecutive meetings. I further acknowledge that my membership may be revoked if the Council determines I have failed to promote or represent the organization appropriately.

Applicant Name Printed	
Applicant Signature	
Date	

Supervisor of EMS agency

I nominate this applicant to represent our agency through membership of the Whatcom County Emergency Medical Services Council.

Supervisor Name Printed	
Supervisor Signature	
Date	

When Complete, please mail this application to:

Whatcom County EMS/TC Council
PO Box 5125
Bellingham, WA 98227

Or

Fax to 360-788-6492.