

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 CQI committee?

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 standing committee.

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.