

# Whatcom County EMS/TC Council Education Committee Membership Application

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## 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 education 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 360-715-6492.