



**SREMS
COUNCIL**

Susquehanna Regional EMS Council, Inc.

311 Exchange Avenue ▪ 2nd Floor Unit 2

Endicott, NY 13760

Ph 607.699.1367 ▪ Fax 607.397.2728

APPLICATION FOR MEMBERSHIP

Submission Date: _____

Personal Information

| | | | |
|---------------------|------|-------|------|
| Name | | | |
| Residential Address | City | State | Zip |
| Phone #s | Home | Cell | Work |
| E-mail address | | | |

Membership Position Desired

| | | |
|---|--|--|
| Director: <input type="checkbox"/> At Large <input type="checkbox"/> Broome <input type="checkbox"/> Chenango <input type="checkbox"/> Tioga | Alternate: Director: _____ Requested Director must sign below. Approval: _____ | Renewal: Current Seat: _____ Current Seat Expiration: _____ |
|---|--|--|

Committees of Interest

| | | |
|--|-------------------------------------|--|
| Please choose at least one: | | |
| <input type="checkbox"/> Certificate of Need | <input type="checkbox"/> Education | <input type="checkbox"/> Board Development |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Operations | <input type="checkbox"/> Regional Emergency Medical Advisory Committee |

List all EMS/Hospital affiliations where you are an owner with 5% or greater stake, hold management responsibilities, or are employed/volunteer on average of 20 hours per week:

| Agency | Reason |
|----------|--------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Serving Broome, Chenango, and Tioga Counties.

www.srems.com

List all EMS/Hospital affiliations where you either volunteer or work that do not meet the criteria listed above:

| |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |

Relevant License or Certification (Please include Number and Expiration Date):

| |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Offices/Positions Held/Holding in any civic, business or non-profit organizations outside of EMS:

| |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |

Personal References:

| Give the names of three persons not related to you whom you have known at least one year | | | | | |
|---|-------------|----------------|-----------------|--------------|--------------------|
| | Name | Address | Business | Email | Years Known |
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning any pertinent information they may have, personal or otherwise and release the SREMS from all liability for any damage that may result from utilization of such information.

DATE _____ Signature _____