

**OFFICE USE ONLY**

Rec'd: \_\_\_\_\_ by: \_\_\_\_\_

Dues \$: \_\_\_\_\_  Paid

Notes: \_\_\_\_\_



**MAURY COUNTY TN EMS PROFESSIONALS ASSOCIATION**

**MEMBERSHIP APPLICATION**

Independent civic association representing EMS professionals, not endorsed or affiliated with private, local or regional health care organizations or agencies

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Gender: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Email address: \_\_\_\_\_

*We will not utilize government or employer provided emails for the safety and privacy of our members*

Licensure level:  EMR  EMT  AEMT  Paramedic  CC-Paramedic  N/A (Auxiliary)

Licensure status:  Active  Retired License#: \_\_\_\_\_ Expiration: \_\_\_\_\_

Active National Registry | NREMT#: \_\_\_\_\_ Expiration: \_\_\_\_\_

Endorsements:  PD  IC  IA  Community Paramedic

EMS Employment status:  Full-time EMS  Part-time EMS  Volunteer EMS/Rescue

Career First Responder (Fire/LEO)  Student  No EMS employment

Organization/agency: \_\_\_\_\_

**Dues: Paid annually - Make checks payable to: Maury County EMS Professionals Assn.**

Career EMS Professional (employed in Maury Co.) \$50 – Full Voting

Retired EMS Professional (living/working in Maury Co.) \$25 – Full Voting

Career First Responder (EMR and above, employed in Maury Co.) \$50 – Full Voting

Volunteer EMS Professional (on volunteer department in Maury Co.) \$25 – Associate

Community Advocate / Auxillary \$25 – Associate

EMS Student \$5 – Student only

By signing below, I voluntarily consent to become a member of the Maury County EMS Professionals Association. I authorize the Association to contact me by mail, email, telephone, or text for official purposes. I grant permission for the use of my image, photograph, voice, or likeness in print, digital, or video media related to Association activities. I consent to the Association representing me in organizational matters, including participation in national conventions, committees, and related business. I also consent to participate in Association-sponsored activities, meetings, and events. I understand and agree that by signing this form, I release and hold harmless the Association, its officers, members, sponsors, and affiliates from any liability, claims, or responsibility arising from participation in or representation by the Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_