

APPLICATION FOR PEHSC COUNCIL MEMBERSHIP

Name of Organization: _____

Organization Address: _____

Telephone: _____ Fax: _____

Delegate Name: _____ Email: _____

Delegate Address: _____

Delegate Telephone: _____ Fax: _____

Type of Organization: _____ Not for Profit _____ For Profit

Total number of members that your organization represents: _____

Does your organization have By-Laws? _____ Yes _____ No

(If so, please forward a copy with this form as well as any brochures, etc., that would further explain your organization's purpose / mission.)

Please record your mission statement. (Use a separate sheet if necessary):

Please describe your geographical representation. (Use a separate sheet if necessary):

Please indicate the constituency that your organization represents:

_____ citizens	_____ facilities
_____ local government	_____ public agency
_____ volunteer agency	_____ EMS personnel
_____ emergency medical or health services	_____ other (describe) _____

How will you be able to serve the mission of PEHSC?

Please list any other organizational memberships:

Will your organization support the activities of your representative as it relates to Council meeting attendance, etc.?

_____ Yes _____ No

