

OKLAHOMA NATIVE AMERICAN EMS ASSOCIATION MEMBERSHIP APPLICATION



Membership effective dates: June 01, 2014 thru May 31, 2015

PLEASE PRINT OR TYPE

NAME OF APPLICANT:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE: Work ()Fax ()_		Home ()
E-MAIL ADDRESS:		
TRIBAL MEMBER: Yes [] No [] TRIBE:		
TRIBAL/IHS AGENCY you work for:		
ADDRESS:		
EMS STATUS: [] FIRST RESPONDER [] EMT		
[] <u>ACTIVE MEMBERSHIP</u> \$40.00 – First Respondence within the Association. (PLEASE ATTACH ACTIVE MEMBERSHIP)	ervices to Native A members are eligit	American Communities. All Native ble to make motions vote, and hold
[] <u>ASSOCIATE MEMBERSHIP</u> \$35.00 – Open to who are actively providing EMS and do not mee Retired EMS personnel, Vendors, Etc. Associate M office within the Association.	t the requirements	for active membership. Students,
[] <u>SQUAD MEMBERSHIP</u> \$300.00 – Ten (10) Ac	ctive Memberships,	same criteria as above.

MAKE CHECKS/MONEY ORDERS PAYABLE TO:

Oklahoma Native American EMS Association

SEND TO:

ONAEMSA c/o Rebecca Hill 2620 S. 4280 Welch, OK 74369