



**SOUTH CAROLINA
EMERGENCY MEDICAL SERVICE ASSOCIATION**

MEMBERSHIP APPLICATION

(Please print application)

TYPES OF MEMBERSHIP:

Service: \$150.00 per SC Licensed Air Medical Helicopters

_____ # of SC Licensed Air Medical Helicopters x \$150.00=_____

Total fees submitted _____

(This individual membership is for a period of one year from the date on this application.)

Name: _____ Phone: _____

Organization: _____ Fax: _____

Address: _____ Email: _____

City: _____ State _____ Zip _____

Please return application and membership dues to:

South Carolina EMS Association

P.O. Box 378

Lexington, SC 29071