



**SOUTH CAROLINA
EMERGENCY MEDICAL SERVICE ASSOCIATION**

MEMBERSHIP APPLICATION

(Please print application)

TYPES OF MEMBERSHIP:

INDIVIDUAL:

_____ **\$25.00**

Date: _____

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