



SC EMS Association Membership Form

Please fill out all blanks in the form below and submit for processing. Once the form is submitted, an invoice will be issued and payment will be due. Individual members may also pay online via PayPal using the link below:

<http://www.scemsassociation.com/membership/>

Individual Associate Regional Transporting Agency
Non-Transporting Vendor Educational Institution

Name of Agency:

Name:

Email:

Phone Number:

Address:

City

State

Zip Code

*Transporting Agency applies to both Air and Ground Services. If you selected this member type, please complete the following fields:

Type of Agency:

Number of Vehicles:

Other Contact Info:

Submit form to membership@scemsassociation.com for invoicing.