

WCEMSTCC
Standing Committee Membership
Application

NAME _____
(Last) (First) (M.I.)

HOME ADDRESS _____
(Street/P.O. Box) (Apt. #)

(City) (State) (Zip)

BUSINESS ADDRESS _____

PHONE # _____
(home) (work)

EMAIL ADDRESS _____

ARE YOU A WHATCOM COUNTY RESIDENT? YES
NO
(circle one)

SPONSORING DISTRICT/AGENCY _____

CIRCLE ONE: VOLUNTEER or PAID FULL TIME or
PART TIME

Please answer the following questions:
(You may attach another sheet, if necessary.)

In which standing committee do you wish to be a member?

Circle One: EDUCATION COMMITTEE CONFERENCE
COMMITTEE

Why are you seeking membership in a Whatcom County Emergency Medical Services Council standing committee?

What do you feel you can contribute to the committee?

(Over)

I acknowledge that I have read and understood the WCEMSC bylaws. I understand the definition of a member in good standing, and I hereby pledge that I will attend a minimum of four consecutive WCEMSC or committee meetings per fiscal year. In the event that I cannot meet this requirement, I understand that my voting rights are suspended until I attend two consecutive meetings. I further acknowledge that my membership may be revoked if the Council determines I have failed to promote or represent the organization appropriately.

APPLICANT SIGNATURE _____ **DATE**

SUPERVISOR OF EMS AGENCY

(print name)

I nominate this applicant to represent our agency through membership of the Whatcom County Emergency Medical Services Council standing committee.

SUPERVISOR'S SIGNATURE _____ **DATE** _____

When complete, please mail this application to:
Whatcom Co. EMS Council
P.O. Box 5125
Bellingham, WA 98227

Or fax it to the EMS Office at: (360) 715-6492

Thank you.