

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 will be automatically 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.

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.

