



**SOUTH CAROLINA  
EMERGENCY MEDICAL SERVICE ASSOCIATION**

**MEMBERSHIP APPLICATION**

(Please print application)

**TYPES OF MEMBERSHIP:**

**Service:     \$100.00 per permitted ambulance**

\_\_\_\_\_ # of permitted ambulances x \$100.00=\_\_\_\_\_

Total fees submitted\_\_\_\_\_

(This membership is for the fiscal year beginning July 1, 2006 and ending June 30, 2007.)

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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