



Membership Application Form

Yes, I would like to join: Rural EMS Directors of Utah Association

Name: _____

Position: _____

Agency: _____

Agency License: _____

Address: _____

_____ Zip Code: _____

Email: _____

Phone: _____

Cell: _____

MEMBERSHIP:

Active Members - Active membership shall consist of one EMS Administrator per licensed agency providing prehospital ambulance service in a county of the 3rd, 4th, 5th, or 6th class or agencies in 1st or 2nd class counties with license service populations less than 10,000. This person shall be appointed by the agency and will serve as the active member and representative for their organization.

Associate Members – Active members in good standing may sponsor Associate members from their agency whose job description indicates they have administrative, management, and supervisory responsibilities to their EMS organization and who express an interest in the sustainability and future of rural EMS in the state of Utah.

MEMBERSHIP CATEGORIES

\$500.00 annually Active Member

\$100.00 annually Associate Member Sponsoring Active Member _____

PAYMENT METHODS

Check # _____

PO # Due within 30 days

Quarterly (\$125.00) Due July 1st, October 1st, January 1st, April 1st

Semi Annual (\$250.00) Due July 1st and January 1st

Please complete this form & return to: membership@remsdu.org

Please Remit payment to Linda Simmons, Treasurer PO Box 9 Monticello UT 84535

Questions can be directed to the Membership Committee by emailing membership@remsdu.org