

MEMBERSHIP APPLICATION
EMS COUNCIL OF NEW JERSEY
NEW JERSEY STATE FIRST AID COUNCIL, INC.

For Class _____ Membership

Name of Squad _____

Headquarters Address _____

Date Organization Established _____

Captain's Name _____ Phone _____

Captain's E-Mail Address _____

President's Name _____ Phone _____

President's E-Mail Address _____

Squad Mailing Address _____

Have you ever been a member of the EMSCNJ/NJSFAC? [] Yes [] No
If yes, the reasons for leaving and when: _____

District Meeting Date: _____ Attested by: _____

District Secretary

Squad President

Include with this application: Date Submitted to BOT: _____
State Dues: \$ _____ (non-refundable) Assigned Squad #: _____

60 Day Completion due date: _____

Annual Report completed: [] Yes [] No

Standards Inspection completed: [] Yes [] No