



Member Application

Member Number _____

All information is used for membership and networking within our membership ranks. At no time is this information available to the public or sold.

(Please Print)

First Name _____ Last Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Do you have medical license? (circle one) Yes No

Licensed as _____ Agency _____ Expires ___/___/___

CPR/AED Certified? Yes No First Aid Certified? Yes No

Are you currently an instructor? Yes No If Yes, Instructor for _____

Would you be interested in joining our training department? Yes No

During orientation you will be asked to show your license. This is to maintain our 60/40 membership balance required by our bylaws. At no time will we ask for a copy or are you to give a copy to any member.

Networking

Company _____ Business Email _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Business Type _____

Position/title _____

Other skills (electric, plumbing, accounting, etc.) _____

Model Release

I hereby give my permission to use any likeness of myself for website or promotional use and expect to receive no compensation.

Print Name _____ Date ___/___/___ Member Signature _____

Dues Collected Yes No Amount \$ 25.00 Sponsor _____

By vote (required after 6 months probation period) Approved Denied

Staff member signature _____