

2012 Scott County E.M.S. Association
Membership Application

Date: ___/___/___

Service Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Level of Service Certification: _____

Date of Application: _____

Our service requests to have a representative on the
Scott County E.M.S. Association

_____ Yes _____ No

Representative Name: _____

Alternate Name: _____

Please indicate where you want Association e-mail sent:

Name: _____

E-mail Address: _____

The Association has established a membership fee of \$25.00. Please include this fee
when you return this application to the following address.

Checks should be made out to: *Scott County E.M.S Association*

Thank you for your participation and interest in this Association.

Return to:

SCOTT COUNTY HEALTH DEPARTMENT
Attn: Dennis Coon, Public Health Services Coordinator
600 West 4th Street
Davenport, Iowa 52801