



# Whatcom County EMS & Trauma Care Council

## Education Committee Membership Application

### Contact Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

City, State, Zip \_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Sponsoring District/Agency: \_\_\_\_\_

Are you a Whatcom County Resident?      YES      NO  
        

Are you a Full Time or Part Time Employee?      Full Time      Part Time  
        

Are you a Volunteer or Paid Employee?      Volunteer      Paid  
        

### Skills/Qualifications/Experience

Why are you seeking membership in the Whatcom County EMS/TC Council Education Committee?

**What do you feel you can contribute to the committee?**

**Agreement and Signature**

*I acknowledge that I have read and understood the WCEMSTCC bylaws. I understand the definition of a member in good standing and I hereby pledge that I will attend a minimum of four consecutive WCEMSTCC or committee meetings per fiscal year. In the event that I cannot meet this requirement, I understand that my voting rights are suspended until I attend two consecutive meetings. I further acknowledge that my membership may be revoked if the Council determines I have failed to promote or represent the organization appropriately.*

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Supervisor of EMS agency**

*I nominate this applicant to represent our agency through membership of the Whatcom County EMS & Trauma Care Council Education Committee.*

Supervisor Name Printed: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

When application is complete, please submit:

Email: admin@WhatcomCountyEMS.com

Fax: 360-788-6492

Mail : Whatcom County EMSTC Council  
PO Box 5125  
Bellingham WA 98227