

# Minnesota Emergency Medical Services Association



## Service Membership Application



**\$250 per year**

Please Circle one: New Application or Membership Renewal Date: \_\_\_\_\_

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

Service Manager/Director: \_\_\_\_\_

Service Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ License Level: \_\_\_\_\_

Checks may be made payable to MEMSA and mailed **with completed form** to: MEMSA  
PO Box 244  
Mountain Lake, MN 56159

To pay with a debit card, or a credit card, please fill out the following information:

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3-digit code: \_\_\_\_\_ Zip code for billing address: \_\_\_\_\_

Email address to send receipt to: \_\_\_\_\_

Or Phone number if you would like to receive a text message receipt: \_\_\_\_\_

(Please send a roster along with your application and payment.)