



NORTH SMITHFIELD DEPARTMENT OF HOMELAND SECURITY/EMA APPLICATION

I hereby apply for membership with NSEMA. If accepted, I agree to abide by the bylaws and policies of this team to the best of my ability. I understand that membership is at the discretion of this team, and that any privileges of membership - including use of the NSEMA names and insignias - pertain only to team members in good standing.

Name _____ Gender _____ Birthdate _____

Home Address _____

City _____ State _____ Zip _____

Employer _____

Home Phone _____ Business Phone _____ Ext. _____

Other Organization Memberships _____

Previous EMA Expirance? NO _____ YES _____ City/Town _____ Dates _____

I Operated CB _____ GMRS _____ Freq. _____ FCC Call Sign _____

Amateur _____ Class _____ FCC Call Sign _____

Recommended by (Staff Member) _____

Special Qualifications: (Red Cross Training, etc.) _____

APPLICANT SIGNATURE _____ DATE _____

Date Application Received _____

Approved for: Membership Committee _____ Date: _____

Team _____ Date: _____

Notified of: Acceptance _____ Rejection _____