

<b>MEMBERSHIP APPLICATION</b>			
<b>NORTH COLLINS EMERGENCY SQUAD</b>			
Name:			
Home Phone:			Cell Phone:
Email:			
Permanent address:			
City:	State:	ZIP Code:	
Mailing Address (if different)			
City:	State:	ZIP Code:	
<b>MEMBERSHIP CATEGORY</b>			
I am applying for consideration as a Member in the following category: (place an "X" in front of category applying for)			
_____ Full Member: Not currently EMS certified			
_____ Full Member: Certified as (circle one)	EMT	AEMT	AEMT-CC AEMT-P
_____ Driver Only (past NCES member; or Member of a local Fire/EMS Agency )			
_____ Social Member			
_____ Courtesy Member (Circle one)	EMT	AEMT	AEMT-CC AEMT-P
Name of Primary Agency:			
Name & Phone of Director / Chief from Primary Agency: (print)			
<b>EMERGENCY CONTACT</b>			
Name (of person to be contacted in an Emergency):			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			
<b>QUESTIONS</b>			
Are you over age 18?	Yes	No	
Are you over age 21?	Yes	No	
Do you understand the job duties for which you are applying?(see attached)	Yes	No	
Are you able to meet the physical & mental fitness qualifications for the position you are applying?	Yes	No	
Do you have a valid NYS Driver's License?	Yes	No	
Do you have any pending arrests?	Yes	No	
Are you able to read, write & understand the English Language?	Yes	No	
Have you ever applied to the NCES for membership in the past?	Yes	No	If yes, when?
Are you a current member of another Agency?	Yes	No	If yes, where?
Name & phone of Chief/Director:			
<b>AFFIRMATION</b>			
I hereby affirm that the above information to be correct and true (if any part is found to be untrue, application process will be terminated)			
Signature (of applicant):		Date:	

