SDEMTA

Application for Membership

Name: _____
Last First Middle

Mailing Address: _____
Street/PO Box City State ZIP

SD EMT #:_____NREMT #: _____Other: _____

Email Address: _____ ☐ Renewal ☐ New

I have enclosed twenty dollars ($20) for my membership dues. I understand that my name will be carried on the role and that the payment of dues provides me with an opportunity to partake in both state and district events of the SDEMTA.

Signed:_____