

Oregon State Paramedic Association
APPLICATION FOR MEMBERSHIP

Membership Year(s): _____

Full Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ DOB: _____ __M __F

Type Membership Requested: ___Supportive (\$10/yr) ___Active (\$35/yr)

EMS Certification Level:

___First Responder ___EMT-B ___EMT-I ___EMT-P Other: _____

EMS Agency Affiliation(s): _____

Optional Questions:

How long in EMS? ___Years ___Volunteer? ___Part Time? ___Full time?

What do you believe are the most important issues currently facing Oregon EMS?

What would be the most helpful things that could make Oregon EMS better?

Print and complete this application, and mail, along with membership fee, to:

OSPA Membership
P.O. Box 1183, Sandy, OR 97055