

Bonduel Area EMS

PO Box 67
Bonduel, WI 54107

Application for Membership

Name: _____
(First) (M.I.) (Last)

Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____

Do you have a CPR card? Yes ___ No ___

Expiration Date: _____

Do you have a Wisconsin EMR, EMT or Paramedic License?

Yes ___ License Number _____ Expiration: _____

No ___ (Applicant must be willing to take and pass the Wisconsin EMR class)

Applicant Signature:

New applicants will be introduced at the 1st meeting after the application is received. Applicants should be present at this meeting unless Ok'ed through an officer. After discussion the applicant will be excused for further discussion and vote by the membership. If a background check cannot be completed by the first meeting the vote will be held at the next meeting.

Applications will be held if there is no position available and applications will be reviewed in the order received.

Date Received: _____ Voted on: _____ Accept: ___ Reject: _____

Officer Signature: _____ Portable # Issued: _____