



Connecticut Society
of
Emergency Medical Services Instructors, Inc.
Application for Membership

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ Cell Phone: _____

State: _____ Zip Code: _____ Fax Number: _____

E-Mail Address: _____

EMS Region: 1 – Southwest ____ 2 – South Central ____ 3 – North Central

4 – Eastern ____ 5 – Northwest ____

EMS-I Number: _____ Expiration Date: _____

Other EMS Certifications or Licenses: _____

Payment enclosed: Annual Membership: \$50.00 _____

3 year Membership: \$125.00 _____

5 Year Membership: \$200.00 _____

I attest that I am currently certified as an EMS Instructor

(Signature)

(Date)

Please mail completed application, payment and a copy of your current EMS-I Certification card to:

CSEMSI
44 Ferry Court
Stratford, CT 06615