



Membership Application

July 1, 2021 – June 30, 2022

Agency Name _____

Contact Person _____

Mailing Address _____

City _____ State _____ Zip _____

Office Phone _____ Cell Phone _____

Fax _____ Email Address _____

2022 Membership Dues		
Number of Units	Category	Fee
1-2 Units	1	\$300.00
3-5 Units	2	\$500.00
6-10 Units	3	\$750.00
11-15 Units	4	\$1,000.00
16 or more units	5	\$1,500.00
Associate Member	6	\$300.00

Please enter the appropriate membership category _____ and amount
\$ _____

PLEASE COPY AND RETURN THIS RENEWAL FORM WITH YOUR CHECK TO:

WV EMS Coalition
119 Summers St.
Charleston, WV 25301

Phone: 304-982-6050

If you prefer to pay by credit card, please send your contact information and membership classification to chris@wvemscoalition.com and an invoice with payment link will be e-mailed to you.

EMS Personnel (Mountain State EMS Association)

This membership class is for individuals who work as a MCCN, MCCP, Paramedics, ACT, EMT, EMVO, and Communicators and are not a part of another membership class.

Name	Certification Level	E-mail	Office Phone	Mobile

Membership submission forms may be mailed or emailed to:

West Virginia EMS Coalition
119 Summers Street
Charleston, WV 25301
chris@wvemscoalition.com

Copies of these forms may be made if you need additional space. It is also acceptable to submit an excel spreadsheet containing the requested information.