



2024 Membership Application

Agency Name _____

Contact Person _____

Mailing Address _____

City _____ State _____ Zip _____

Office Phone _____ Cell Phone _____

Fax _____ Email Address _____

| 2024 Membership | | |
|------------------|----------|------------|
| 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 | \$500.00 |

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 complete this application and return it to chris@wvemscoalition.com. An invoice with on-line payment link will be sent to you.