



MDEMSP



Maryland State Tags Order Form

Date of Application: _____

PLEASE NOTE: Your application must include the application fee.
 Please make your money order out to **Ted W. Snyder** your application to:
 MDEMSP, Inc 221 Philosophers Ter. Chestertown Maryland 21620.
 payments are also accepted
<https://www.facebook.com/mdempinc/>
 Questions?, please call us at 410.218.5337 or email us at membership@mdemsp.org to let us know your

PERSONAL INFORMATION

Name: _____

ADDRESS

Address: _____

 City: _____
 State: _____ Zip: _____

CONTACT

Home Phone: _____
 Cell Phone: _____
 Work Phone: _____
 Email address: _____

EMS INFORMATION

Provider Number: _____
 Affiliation: _____
 Level of Provider: _____
 Current Employer and/or Rank: _____

VEHICLE INFORMATION

Vehicle Year: _____
 Make: _____ Model: _____
 Vehicle Type (circle one):
 SUV/TRK Automobile
 Motorcycle
 Current Tag Number: _____
 Co-Owner (if any): _____

Best way to contact (circle one):
 Cell phone Home phone Email Mail

Add to our mailing list (circle one)?: Yes No

Where did you hear about us? _____

SIGNATURE: _____ DATE: _____