

# *EMS ROADDOCS: Membership Application Form*

Full name: \_\_\_\_\_

Date of application: Day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

Date of birth: Day \_\_\_\_\_ month \_\_\_\_\_ Year \_\_\_\_\_

Medical Occupation: \_\_\_\_\_

Membership category applying for: Check one of the following

MEMBER\_\_\_ SUPPORT\_\_\_

Your contact information and where you receive your US Postal Service Mail

Street address \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobil phone: \_\_\_\_\_

Other Telephone contact: \_\_\_\_\_ Fax: \_\_\_\_\_

DOCUMENTATION: Your documentation of being in the emergency medical system must accompany your application. These are acceptable forms of identification and documentation: ACLS, PALS, CPR professional license or any other Certificates of Qualification that you feel exhibit your qualifications into the EMS ROADDOC membership. **Please do not send originals.** We will file your documents in your own personal file folder and hold for others to authenticate if ever questioned. No copies will be made of your documents.

I, (Print your name) \_\_\_\_\_ am applying for membership into the EMS ROADDOCS Motorcycle Club. By signing this application I am declaring that any information that I have provided including documentation is truthful and authentic. I give my consent to the EMS ROADDOCS to perform a criminal background and public records check at their expense.



Signature \_\_\_\_\_ Date: \_\_\_\_\_