



Greater Houston EMS Council
 3740 Cartwright Rd, PMB 177
 Missouri City, TX 77459

Membership Information Form

Name of Business: _____
 (or individual if applying for individual membership)

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ Fax: (____) _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Name of Person(s) representing organization to GHEMSC, Inc.:

Name: _____

Email Address: _____

Membership Dues for Greater Houston EMS Council: Year 2010*

_____ Non Voting Member No required attendance or participation.

_____ Voting Member required attendance at 50% of meetings in the previous year.

_____ \$30 Individual: (Including Physicians, Nurses, EMS personnel, Consumer Advocates, or any other natural person NOT representing an Entity or Organization)

_____ \$125 Volunteer or First Responder Organization: (meeting the Criteria established by the Texas Department of Health EMS rules)

_____ \$125 Public Organization: (State, County or Municipal Operated Fire Dept. or EMS Service, Etc.)

_____ \$125 Non-Profit Institution: (Hospital, Community or State Supported Colleges, Etc.)

_____ \$225 For-Profit Institution: (Private Hospital, Trade School)

_____ \$125 Commercial or Industrial EMS Provider: (Operating 5 units or fewer)

_____ \$225 Commercial or Industrial EMS provider: (Operating more than 5 Units)

_____ \$225 Vendor: (Supplier of EMS Equipment, Suppliers, or Services etc.)

Your goals with GHEMSC, Inc:

Signed: _____ Date: _____

For Office Staff: Date Application received:	Initials:
Application approved: Yes or No	Membership Renewal Date:

*50% Off First Time Membership for first year
 Prorated quarterly in initial year of membership.
 Please note application fee is Non-Refundable.*

Please Make Checks Payable To: Greater Houston EMS Council