



Regional EMS and Trauma Care Council
Membership Application

Attestation of Request for Appointment or Reappointment

Name:	Position #:	<input type="checkbox"/> Primary
		<input type="checkbox"/> Alternate
Application for: Choose an item. for the Choose an item. region EMS/trauma care council		
I am applying for a Choose an item. position representing Click here to enter text. from		County
Preferred mailing address for council business:		
City:	State:	ZIP Code:
Date of last Open Public Meetings Act (OPMA) training, if known:		

Applicant contact information

Contact phone:	<input type="checkbox"/> Work	<input type="checkbox"/> Home	<input type="checkbox"/> Cell
Primary email:	Secondary email:		

Agency/Organization Recommendation

Is this position representing an agency or organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, get the agency or organization signature below		
Agency or organization name:		
Head of agency or organization signature:		

Local Council recommendation:

Does this county have a local council? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please get chair/president signature below.
Local chair/president name:
Signature:

Please answer the following questions:

1. Why are you interested in serving on the regional council?
2. What are your abilities, i.e., education, employment, and/or experience that qualify you for this position?
3. Where are you currently employed?

My signature attests that I have the authority to represent my agency or entity on the regional council, and that I understand my responsibility as outlined in the Regional Council Members' handbook.

Applicant Signature: _____

Date:

Before submitting this form, please make sure that you have local council's signature and the head of agency signature, if necessary.

Mail your completed form to the regional council to which you are applying (listed below):

Central Region EMS & Trauma Care Council
22414 87th Ave W.
Edmonds, WA 98026
rachelcory@comcast.net

East Region EMS & Trauma Care Council
North Central Emergency Care Council
123 Ohme Garden Road, Suite B
Wenatchee, WA 98801
rcook@ncecc.org

North Region EMS & Trauma Care Council
P.O. Box 764
Burlington, WA 98233
martina@northregionems.com

Northwest Region EMS & Trauma Care Council
P.O. Box 5179
Bremerton, WA 98312
rene@nwrems.com

South Central Region EMS & Trauma Care Council
Southwest Region EMS & Trauma Care Council
P.O. Box 65158
Vancouver, WA 98665
regionems@gmail.com

West Region EMS & Trauma Care Council
5911 Black Lake Blvd. S.W.
Olympia, WA 98512
anne@wrems.com

Regional Councils: Add comments and send completed forms by email to regionEMS@doh.wa.gov