



**Oneida  
Herkimer  
Madison**

**MIDSTATE EMERGENCY MEDICAL  
SERVICES**

**REMSCO Application  
Packet**

MIDSTATE REGIONAL EMERGENCY  
MEDICAL SERVICES COUNCIL

PROUDLY SERVING ONEDIA HERKIMER AND MADISON COUNTIES

MEMBERSHIP  
APPLICATION

APPLICATION  
MUST BE

ACCOMPANIED BY LETTER OF INTENT AND RESUME

Name \_\_\_\_\_

County \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home) \_\_\_\_\_

\_\_\_\_\_

(cell) \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Application for Voting membership ( ) Associate membership ( )

Background \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interest in EMS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Comments \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Membership Committee:

Date Received \_\_\_\_\_ Date Acted on \_\_\_\_\_  
Status / Recommendation of Committee \_\_\_\_\_

Membership Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

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