



Texas Emergency Medical Services Board

(a division of State Firemen's and Fire Marshals' Association of Texas)



EMS Membership Application

4450 Frontier Trail ♦ Austin, Texas 78745-1514 ♦ Phone: (512) 454-3473
 membership@sffma.org ♦ www.sffma.org ♦ Fax: (512) 453-1876

EMS DEPARTMENT NAME:		SFFMA ID #: (if known)	COUNTY:
MAILING ADDRESS:		CITY, STATE:	ZIP:
PHYSICAL ADDRESS (if different):		CITY, STATE:	ZIP:
Dept. PHONE: () -	Dept. FAX: () -	DSHS FRO#:	
Operations Director: **REQUIRED**		Ops. Dir. E-Mail Address:	
Medical Director: **REQUIRED**		Med. Dir. E-Mail Address:	
Proof of 911 Response Authority (One must be enclosed with application) <input type="checkbox"/> 911 Response Area Map <input type="checkbox"/> Copy of Contract/Agreement for 911 Response		EMS DEPT TYPE (Check one) <input type="checkbox"/> Volunteer <input type="checkbox"/> Combination <input type="checkbox"/> Paid	
POPULATION SERVED FROM LAST CENSUS: (Select one and enter amount)		Payment Description	
0 to 1,750	\$75	40,001 and over = \$225	EMS Department Dues 20__ (yr) \$
1,751 to 5,000	\$115		EMS Individual Dues #__ @\$20
5,001 to 10,000	\$135	Organization Dues 20__ (yr) * \$100	VFIS Extended Policy #__ @\$10
10,001 to 20,000	\$155		NVFC Member Dues #__ @\$12
20,001 to 30,000	\$175		Total Due
30,001 to 40,000	\$200	*Organizations are not part of Emergency Response District	For questions on VFIS or NVFC please contact Membership

<input type="checkbox"/> Check	Credit Card Payments	Card # _____	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> DISC	<input type="checkbox"/> AMEX
Ck # _____	Cardholder _____	Exp. Date _____	Signature _____			

If your EMS wants to add individual members to the department please fill out the following spaces. Individual membership is \$20 a year per individual.

Member Name:	Last 4 digits of SSN	DOB: (Required) / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:	City, State:	ZIP:	Home Phone: () -
E-Mail Address:	Optional: <input type="checkbox"/> VFIS (\$10) <input type="checkbox"/> NVFC (\$12)	DSHS Certification Held: <input type="checkbox"/> ECA <input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> LP	

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Please complete other side first.

Print as many copies of this sheet as are needed to list all members.

Page _____ of _____

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