



Tennessee Emergency Medical Services Education Association
6025 Stage Road, Suite 42-192
Bartlett, TN 38134-8377
www.TNEMSEA.com

MEMBERSHIP APPLICATION

Date: _____

New Member ___ Renewal ___ 1st Year became Instructor _____

Name: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

EMS License Type and Number: _____

Teaching Affiliation: _____

Committee(s) or position desiring to serve on: _____

Please enclose a \$30.00 check or money order made payable to TEMSEA for one years dues. Please mail payment and completed application form to:

TEMSEA
c/o: Gina Pearson, Secretary
4030 Burrow Lane
Milan, TN. 38358

Do not write below this space:

Number Assigned: _____ Date: _____