



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:		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 at right) → <input type="checkbox"/> 0 to 1,750 = \$75 <input type="checkbox"/> 10,001 to 20,000 = \$155 <input type="checkbox"/> 40,001 and over = \$225 <input type="checkbox"/> 1,751 to 5,000 = \$115 <input type="checkbox"/> 20,001 to 30,000 = \$175 <input type="checkbox"/> 5,001 to 10,000 = \$135 <input type="checkbox"/> 30,001 to 40,000 = \$200		Department Dues = \$ _____ Individual Dues _____ @ \$20 = \$ _____ TOTAL DUE = \$ _____

PAYMENT METHODS			
Check	Mail completed form and payment to: SFFMA 4450 Frontier Trl Austin, TX 78745-1514		
Credit Card	Fax completed form with payment information below to (512) 453-1876		
	Name on Card:	<input type="checkbox"/> VISA	<input type="checkbox"/> MC
	Credit Card #:	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISC
	Billing Address:	Expiration: /	
	City, State Zip:		
	Phone:	Authorized Signature:	

Please complete the following Individual Membership information (continued on back)

Member Name:	SSN: (Required) - -	DOB: (Required) / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:	City, State:	ZIP:	Home Phone: () -
E-Mail Address:	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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