APPLICATION FOR PEHSC AFFILIATE MEMBERSHIP

What is Affiliate Membership?

A Pennsylvania Emergency Health Services Council (PEHSC) affiliate membership is for an organization or individual interested in supporting the mission of the PEHSC and allows participation as a **non-voting** member of the PEHSC. Each affiliate member organization identifies an individual to receive information from the PEHSC.

Why Join?

This membership provides you with informational email notices about Pennsylvania's EMS system and issues impacting EMS operations as prepared by the PEHSC. <u>Membership also authorizes your participation in council programs such as the established group purchase program.</u>

There is no fee for membership.

Council Mission

The PEHSC is a 501 (c) (3) non-profit organization. The core mission of the Pennsylvania Emergency Health Services Council is to serve as an independent advisory body to The Department of Health and all other appropriate agencies on matters pertaining to Emergency Medical Services. As an advocate for its diverse member organizations, PEHSC's ultimate purpose is to foster improvements in the quality and delivery of emergency health services throughout the Commonwealth.

Council Vision

Pennsylvania is a national leader in developing a unified system of highly qualified emergency medical service organizations and other health services. In partnership with other advocacy organizations statewide that are involved with emergency services, PEHSC's role includes a heightened emphasis on advocacy and legislative liaison, outcomes research, system finances and development, public education, and resources to enhance organizational management.

Please return the completed application by email, fax, or U.S. Mail to:

Pennsylvania Emergency Health Services Council

600 Wilson Lane, Suite 101 Mechanicsburg, PA 17055 Phone: (717) 795-0740 Fax: (717) 795-0741 www.pehsc.org

pehsc@pehsc.org

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Please have your organization's CEO/President complete this page

Name	or Organization:							
	CEO/President Contact Name:							
	Organization's Legal Address:							
	County where headquarters office is located:							
	Telephone: () Fax: ()	Corp. Email:					
	Organization Website:							
	Organization Email:							
Organi	zation Type: Non- Profit EMS BLS ALS Both Government (Describe) Regional Organization/Association Educational Institute Other	_ _ _	For Profit EMS BLS ALS Both Hospital Industrial Health Care State Organization/Association					
Vear of	f Incorporation:							
charge? The term nolo com which w for which	u ever been convicted of a criminal offense, or have you Yes No n criminal offense is defined as a felony, misdemeanor, intendere (no contest). You may omit (1) minor traffic viere adjudicated in juvenile court or under a youth offer h you successfully completed an Accelerated Rehabilita membership in all cases. Each case is considered on its	summary of olations; (2) nder law; (3) tive Disposit	ffense, and/or conviction resulting from a plea of offenses committed before your 18 th birthday, conviction which has been expunged by a court or					
CEO/P	resident Signature:		Date:					
	(Please print name)							
organiza Further,	and certify, to the best of my knowledge and belief, tha ations has been convicted of a criminal offense, or forfe the applicant organization will disclose to the Council a ations, activities of which it has knowledge.	ited bond or	collateral in connection with a criminal charge.					
CEO/P	resident Signature:		Date:					
	(Please print name)							

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<u>Please have the designated representative and alternate complete the information on this page</u>

Representative Name):			Iitle:		
					Home	□ Work
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Email Address Have you ever been convic charge?					ection with a crir	ninal
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Representative Signa	ture:			Dat	e:	
		(Please print na	 ime)			
Alternative Represent	tative Name:			Title:		
Address:						□Work
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Have you ever been convic charge?					ection with a crir	ninal
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Alternate Signature: _				Date:		
	(Ple	ease print name)				

Thank you, you will be advised upon receipt of your application. Applications are reviewed quarterly based upon the date of receipt. Incomplete applications will be rejected.