



North Dakota EMS Association

Affiliate Squad Membership Application

Squad Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Squad Leader: _____

Phone: _____ Email: _____

Please return this form together with your check in the amount of \$75.00 to:

North Dakota EMS Association
1622 E. Interstate Avenue
Bismarck, ND 58503

The enrolled squad will receive a 1 year membership in the NCEMSC buying Co-op. Your NCEMSC membership information (username and login information) will be returned to you by postal mail.

The officers, board of directors, staff, and membership of NDEMSEA thank you for your support of our organization.

Sincerely yours,

Dean Lampe,
Executive Director