



Membership Application

Please print clearly

Name			
Address			
	City:	State:	Zip:
Email			
Phone #	Home:	Cell:	Pager:

(Please remember we can not dispatch you to respond if we do not have the proper information to do so.)

Can receive text messages: yes or no if yes, on which number/provider _____

Current Illinois State Licensure: EMT-B EMT-I EMT-P RN MD DO other _____

Department/Agency/Hospital Affiliation: _____

Closest Hospital to your home: _____

Closest Resource Hospital to you home: _____

May we contact your place of employment?

Number: _____ Name: _____

Signature: _____

Please list any special training outside the State License you maintain:

Mail or Fax Completed Application to:
 Stephanie L. Dralle, EMT-P
 Advocate South Suburban Hospital
 EMS Department
 17800 South Kedzie Avenue
 Hazel Crest, IL 60429
 Phone: (708)213-4218
 Fax: (708)_213-0107