



Check One _____ Current E.M.S.O.A. Member
_____ New Member

Name First Last [Use Name on your SS# card]

Address Street City State Zip

Home Phone (Incl. Area Code)

Work Phone (Incl. Area Code)

Cell Phone (Incl. Area Code)

Social Security Number (required
for Insurance purposes only, not for publication)

S M L XL XXL
Shirt Size (Circle One)

New Members – Previous Experience/Certification

Complete this form, and enclose a check to **EMSOA** for **\$69.00** and return by **July 16th** to:

Robert Garon, 47 Kenneth Road, Scituate, MA 02066

NOTE: Your response **MUST** be **received** by July 16th for you to be included on the EMSOA/MIAA roster and insurance policy. Responding later will result in your **NOT** being listed and you will be required to pay a **\$20.00 Late Fee**.

*** E-MAIL ADDRESS:** _____
(Please enter your e-mail address; it is the preferred method of contact)