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 - **New Members only** (required for Insurance purposes

 only, not for publication)

 New Members – Previous Experience/Certification

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Complete this form, and enclose a check to **EMSOA** for **$79.00** and return by

 **July 24th** to:

 Dave LeBlanc, 17 Trowbridge Circle, Rowley, MA 01969

**NOTE:** Your response **MUST** be **RECEIVED** by July 24th, 2020 for you to be included on the EMSOA roster and insurance policy. Responding later will result in your **NOT** being listed and you will be required to pay a full **$79.00 Late Fee**.

**\* E-MAIL ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please enter your e-mail address; it is the preferred method of contact by the Association, Assigners & ADs)