Check One \_\_\_\_\_\_\_\_\_\_ Current E.M.S.O.A. Member

\_\_\_\_\_\_\_\_\_\_ New Member

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

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

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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only, not for publication)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)