



**CHESTER COUNTY EMS COUNCIL, INC.**  
601 WESTTOWN ROAD, SUITE 012, WEST CHESTER, PA 19380  
610.344.5000

Membership Authorization

Agency Name:

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Representative:

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ © \_\_\_\_\_

Alternative Representative:

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ © \_\_\_\_\_

On \_\_\_\_\_ (date) the above persons were elected, appointed, or otherwise names to represent the Interests of \_\_\_\_\_ (Agency Name) as a voting member of the Chester County EMS Council, Inc.