



## 2025 Membership Application

Agency Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

2025 Membership		
Number of Units	Category	Fee
1-2 Units	1	\$330.00
3-5 Units	2	\$550.00
6-10 Units	3	\$825.00
11-15 Units	4	\$1,100.00
16 or More Units	5	\$1,650.00
Affiliate Member	6	\$550.00
Rapid Response Affiliate	7	\$330.00
Individual Affiliate	8	\$100.00

Please enter the appropriate membership category \_\_\_\_\_ and amount  
\$ \_\_\_\_\_

**PLEASE COPY AND RETURN THIS RENEWAL FORM WITH YOUR CHECK TO:**

WV EMS Coalition  
119 Summers St  
Charleston, WV 25301

*Phone: 304-982-6050*

If you prefer to pay by credit card, please complete this application and return it to [chris@wvemscoalition.com](mailto:chris@wvemscoalition.com). An invoice with on-line payment link will be sent to you.