**Central Region EMS and Trauma Care Council**

**Membership Application Instructions**

Name/Etc:

* Position #: Leave blank
* I am applying as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (organization) representative from King County

Agency/Organization:

* Select “Yes,” then write the organization you represent
* Head of agency/organization signature: this can be the signature of your supervisor, or yourself if you are the head of your organization

Local Council Recommendation:

* We don’t have a local council, so select “No”
* Leave the remaining fields blank

Page 2/Following Questions:

* Answer based upon your preferences and experiences