

Nebraska Serious Injury and Line of Duty Death Response Team

Associate Membership Application

Name: _____

Address: _____

Email Address: _____

Phone: Home _____ Cell _____ Work _____

Are you currently: (circle all that apply?)

EMS

Fire

EMS/Fire

Fire Chaplain

Mental Health

What department are you currently on: _____

Length on department: _____

What other organizations do you belong to: _____

Please express why you would like to join this response team?

Did you remember to sign up for our newsletters? Visit our web page at www.neresponseteam.org

Please enclose with your application your annual dues of \$10.00.

Remit to: Nebraska Serious Injury & Line-of-Duty Death Response Team
7629 Park Drive Ralston, NE 68127.

Signature _____ Date: _____