

MEMBERSHIP APPLICATION

Please type or print legibly. Complete all entries.

Last Name, First, Middle						Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Resident Address (Number, Street, City, State, Zip)							
Resident Phone			Business Phone			Pager Number	
Employer				Occupation			
Employment Address (Number, Street, City, State, Zip)							
Date of Birth		Drivers License Number		State		Expiration Date	
Hair	Eyes		Height		Weight		Blood Type
Vehicle (Year, Make, Model)					License Number	State	<i>C.E.M.P. Use</i>
1.							
2.							
3.							
Person to be notified in case of emergency:				Relationship		Phone	
Do you have any physical restriction? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes explain:							
Are you currently a member of any law enforcement or emergency group? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes which:							
Non-C.E.M.P. References:			Address, City State, Zip			Phone	<i>C.E.M.P. Use</i>
1.							
2.							
3.							

Do you have any special skills?

EMT / Paramedic / RN (Circle which) Yes <input type="checkbox"/> No <input type="checkbox"/>	Amateur Radio Operator? Level/Call Sign: _____	LAFD CERT Training? Yes <input type="checkbox"/> No <input type="checkbox"/>
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How did you become acquainted with C.E.M.P.?

Why do you wish to become a member of C.E.M.P.?

STATEMENT

The above information is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

C.E.M.P. Use Only	Position Applying for: Regular <input type="checkbox"/> Auxiliary <input type="checkbox"/>
Application Received on: _____	Accept Letter Sent on: _____
Application Accepted on: _____	Unit Number Assigned: _____
Med Certs _____	LAPD Vol. Appl. _____
L.A. City Vol. Appl. _____	Release of Liability _____
Photos _____	DMV Record _____

Application Review

President: _____	Operation: _____
Vice President _____	Public Relations: _____
Secretary: _____	Training Officer: _____
Treasurer: _____	Applicant Coordinator: _____

Membership Date: _____	Resignation Date: _____
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Notes:
