



**WYOMING AMBULANCE & EMERGENCY MEDICAL SERVICES ASSOCIATION**

Please use this form to renew or start your membership in the Wyoming Ambulance & Emergency Medical Services Association (WAEMSA).

Return this form along with your check or money order, please do not send cash, to:

WAEMSA  
P.O.Box 785  
Big Piney, WY. 83113

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

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of hospital, ambulance service or rescue unit that you are a member:

\_\_\_\_\_

\_\_\_\_\_ Individual Membership .....\$20.00 X \_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ Family Membership \_\_\_\_\_ 2 People \$35.00 \_\_\_\_\_ 3 People \$55.00

Your membership is very important to the association and Emergency Medical services in the State of Wyoming. At this time your Board of directors is working hard to ring the association back to the status it was years ago.

**THANK YOU FOR YOUR SUPPORT OF THE ASSOCIATION!**