



Paramedic Association of Manitoba

2nd Floor 1111 Portage Ave. Winnipeg, Manitoba R3G 0S8

First	Initial	Last
-------	---------	------

Address			
Box/Street	City	Province	Postal Code

Phone Number	E-Mail Address	Sex M <input type="checkbox"/> F <input type="checkbox"/>
--------------	----------------	--

Cell Phone Number	Date of Birth (mm/dd/yy)	Year started in EMS
-------------------	-----------------------------	---------------------

Current Manitoba EMS Provider License #	License Expiry Date (mm/dd/yy)	Current Provincial Training Level <i>(Attach photocopy of License)</i>
---	-----------------------------------	---

Current Service Affiliations	Current RHA Affiliations
------------------------------	--------------------------

Only to be filled in by Temporary Registrant:

Current Educational Institution	
Course Start Date (mm/dd/yy)	Course End Date (mm/dd/yy)

Temporary Registrant Member refers to any individual (not currently licensed as a pre-hospital patient care provider) who is enrolled in a Primary Care Paramedic training program in Manitoba. A Temporary Registration Membership expires when the applicant has completed or is no longer enrolled in the PCP training program under which their application was made.

Type of Membership

<input type="checkbox"/> Full \$80.00	<input type="checkbox"/> Associate \$30.00	<input type="checkbox"/> Corporate \$200.00	<input type="checkbox"/> Temporary No Charge
--	---	--	---

In making application for a Temporary Registration Membership with the Paramedic Association of Manitoba, I hereby authorize the Paramedic Association of Manitoba to verify my status as a student enrolled in the above named educational program.

Paramedic Association of Manitoba

Signature	Date
-----------	------

Office Use Only			
Paid by: <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Cash	Membership Number	Date Processed	<input type="checkbox"/> License Received