



105—111 Research Drive Saskatoon Saskatchewan S7N 3R2
 (306) 382-2147 • (306) 955-5353 Fax • www.semsa.org
 E-mail: semsa@innovationplace.com

Member Information

Service Name _____ Service Number _____
 Owner/Operator (if applicable) _____ Contact Person _____
 Address _____ Daytime Phone (include area code) _____
 City _____ Province _____ Evening Phone (include area code) _____
 Postal Code _____ Facsimile (include area code) _____
 E-Mail Address _____ Cellular (include area code) _____
 Origin Date of Service _____ Start date of *Current* Owner/Operator _____
 Website Address (if applicable) _____

To qualify for Active membership, you must have been granted a Saskatchewan Health license to practice. Applications received without a license number will not be processed.

Please submit (via e-mail) to SEMSA office an official electronic logo (.jpg, or .bmp) for website publication if you choose.

Membership Demographic Information

In an effort to maintain accurate statistical data about SEMSA members, we would appreciate your assistance with the following information:

Type of Service Public Private Mixed

Level of Service EMR
(check more than one)
 EMT/PCP
 EMT-a/ICP
 EMT-P/ACP

(check only one)→ Paid Volunteer Mixed

Which Regional Health Authority Located In

Cypress Five Hills Sun Country Regina Qu'appelle Sunrise Saskatoon Mamawetan Churchill River
 Prince Albert Parkland Kelsey Trail Heartland Prairie North Keewatin Yatthe' Athabasca Health Authority

Number of Employed EMS Practitioners

EMR No. _____ EMT-a/ICP No. _____ CCP No. _____
 EMT/PCP No. _____ EMT-P/ACP No. _____ Other No. _____

No. of Licensed/Active Ambulances _____ **No. of Alternate EMS Vehicles (i.e. Rovers)** _____

Years of Each Licensed/Active Ambulance _____
(Use additional paper if required)

Number of TOTAL Travelled Kilometres: _____ kms (use Annual SGI Inspection Form)
(ALL ambulances combined for previous year)

Number of PCR's submitted under the following "Type of Call" codes for the previous year:

_____ 02—Acute Illness	_____ 30—Cancelled Call	_____ 10—Deceased Removal
_____ 44—Emer.Serv.Standby	_____ 01—Injury/Trauma	_____ 50—MCI
_____ 25—Med-Evac	_____ 22—Neonatal	_____ 20—Obstetrics
_____ 99—Other	_____ 33—Refused Service	_____ 40—Sports Standby
_____ 08—Coordinated Trans.	_____ 09—Gov't Auth. Trans.	_____ 31—Treated No Trans.
_____ 03—Trans Non-Admit	_____ 04—Trans. Admitted	_____ 06—Trans. Misc.
_____ 05—Trans. Convaless.	_____ 07—Trans. Diag. Return	_____ 12—Trans. Equip/Team
_____ 11—Trans. Organs		

Annual Dues:

Membership Fees (yearly) \$ _____/yr

Membership Fees (billed quarterly) \$ _____/quarterly

Fees are calculated according to number of licensed/active ambulances with a maximum membership fee of \$7,500.00/year.

DUES ARE NONREFUNDABLE

Disclosure Statement

I / We, _____
(Please Print) representing the above ambulance service, do hereby make application for membership in the Saskatchewan Emergency Medical Services Association (SEMSA) for the period starting _____, 20____ and ending _____, 20_____.

I / We agree to conform to the Constitution and Bylaws of the Association. It is understood that this application is subject to approval by the Board of Directors of SEMSA.

I / We agree to the association making available my MEMBER INFORMATION ONLY (name, address, phone, fax, e-mail, etc) to other members of the association, sponsors of SEMSA and website publication.

I / We agree to supply information to the Association as requested to allow the Association to maintain accurate statistical records for our service location(s).

I/We, the applicant named above, declare that all the information, statements and attachments are true, factual and complete. I also declare that I have not knowingly supplied false or misleading information in my attempt to gain membership with SEMSA.

If false or misleading information is discovered, I/We understand that this grounds for disqualification from the application process and may be grounds for termination from my membership. By my signature, I/We give permission for SEMSA to contact any and all resources of information, verifying any information presented, and review my application with any other source.

The signature of the representative of the ambulance service is inscribed hereto, all at the town/city of _____ in the Province of Saskatchewan, this _____ day of _____, 20_____, A.D.

Owner/Administrator/Director/Representative (Please Print)

Witness (Please Print)

Owner/Administrator/Director/Representative (Signature)

Witness (Signature)