



**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)