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**NORTHERN GRADY COUNTY  
EMS MEMBERSHIP APPLICATION**

(PLEASE PRINT CLEARLY)

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

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

Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: OK Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

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

Mailing Address if different than Physical \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list all immediate relatives living at your residence.

**Name and Relationship** to you

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

**EMS Subscription Program fee..... \$60/year**

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

For City Use: Account Number: \_\_\_\_\_

May2018