



**NEW ORLEANS RIVER REGION CHAPTER
OF THE
LOUISIANA ASSOCIATION OF NATIONALLY REGISTERED
EMERGENCY MEDICAL TECHNICIANS**



(Please print)

NAME _____
Last _____ First _____ Initial _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ (____) _____ (____) _____
Work _____ Home _____ Cell _____

EMAIL _____
NOTE: Newsletter is delivered ONLY by email.

EMPLOYER _____

REGISTRY NUMBER _____ EXPIRATION _____

Check One: (New fee schedule effective 1/1/2012)

- EMERGENCY MEDICAL RESPONDER \$20 (formerly First Responder)
- EMT \$20
- AEMT \$20
- PARAMEDIC \$20
- Associate Member \$10 per year (Local membership only, no voting rights, no LANREMT membership)

ALL MEMBERSHIPS EXPIRE 12/31 OF EACH YEAR.

DUES INCLUDES NORR CHAPTER & LANREMT STATE MEMBERSHIPS.

Remit and mail applications to

**NORR
PO Box 1662
Marrero LA 70073-1662**