



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)

- ____ FIRST RESPONDER \$20
____ EMT-B \$20
____ EMT-I \$20
____ EMT-P \$20
____ Associate Member \$10 per year (Local membership only, no voting rights, no LANREMT membership)

ALL MEMBERSHIPS EXPIRE 12/31 OF EACH YEAR.

DUES INCLUDE LANREMT MEMBERSHIP & ARE PAYABLE AS OF 12/31 EACH YEAR.

Remit and mail applications to
NORR
Post Office Box 1662
Marrero LA 70073-1662