



International Rescue and Emergency Care Association

PO Box 431000
Minneapolis, MN 55443
(800) 85-IRECA
www.ireca.org

Membership Application

Complete the following form and return to IRECA.

Name: _____

Category: New Renewal Member # _____

Address: _____

City: _____

State/Province: _____

Zip or Postal Code: _____

Home Phone: _____ Work Phone: _____

Fax Number: _____ e-mail: _____

Unit/Squad Affiliation: _____

Current level of training:

1 st Responder	EMT-Basic
EMT-Intermediate	EMT-Paramedic
Nurse	Physician
	Rescue
	Other _____

Main Area of Interest:

Competition	Education
Training	Other _____

One-year dues: January 1 - December 31

Individual Dues \$30.00

Youth Dues (Under 19) \$20.00

Senior Dues \$20.00

Organization Dues \$100.00

For Office Use Only
Cash/Check #: _____
Date Posted: _____