



**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:

- \_\_\_\_\_ FIRST RESPONDER \$15 per year
- \_\_\_\_\_ EMT-B \$15 per year
- \_\_\_\_\_ EMT-I \$15 per year
- \_\_\_\_\_ EMT-P &15 per year
- \_\_\_\_\_ Associate Member \$5.00 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**

**Mail applications to  
NORR  
Post Office Box 1662  
Marrero LA 70073-1662**