



[www.ema-organisation.pro](http://www.ema-organisation.pro)

**E.M.A. Rescue Service**

Non-profit Organisation  
West Care Medical Centre  
c/o Sam Nujoma Av. & Beethoven Str.  
Windhoek, Namibia  
Tel.: +264-61-302 931

**Become a**



**One Supporter = One Life Saved**



Non-profit Organisation

**There when you need us**



### *Purpose*

*The purpose of the organisation is*

- ❖ injured, medical ill and disabled people, to provide help and create a form of transport with the organization's own vehicles, offering also the professional support and transport to corresponding utilities,*
- ❖ requests for assistance of any kind, of citizens, organizations, Institutions, healthcare and government agencies to communicate and to entertain a coordination center,*
- ❖ to promote cooperation between health and care facilities for integrated care of the population,*
- ❖ assistance in emergencies and disasters through the use of staff and equipment to help,*
- ❖ carry out the training to enhance Emergency Medical and Medical Care staff,*
- ❖ through publications and public events awareness among the population on questions of social and health services, in particular with regard to the support and care of disabled, sick patients and people of any age in rescue services, in the field of youth care and social assistance to conveying,*
- ❖ support disabled and dependent people and their families in need of support and care.*

*The organisation can receive monetary and material donations for the fulfillment of its statutory purpose.*



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**Supporter Application Form**

**Date:** DD MM YYYY

**Membership No.:** PUB000000

**Applicant Information** # mandatory fields to fill in

# Full Name: \_\_\_\_\_  
Title, First name, Initial, Surname Preferred calling name

# Home Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City Country Postal Code

# Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
City Country Postal Code

Home Phone: ( ) \_\_\_\_\_ # ID / Passport Number: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ # Cell Phone: \_\_\_\_\_

Fax No: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Title, First name, Surname

# Herewith I, \_\_\_\_\_, I.D.No \_\_\_\_\_ agree to the annual supporter fee of NAD 950.00

# I would like to receive the annual supporter invoice via ( ) Email or ( ) Post

**How did you hear about us ?**

- Referred by professional colleague
- Attended previously
- Email
- Other
- Own Company
- Via Social Media feed
- Word of mouth
- Professional Publication
- Referred by another organization
- Web Site

**Would you like to receive future correspondence from us ?**

- Yes
- Email
- No
- Other (Please specify)





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- a) injured, medical ill and disabled people, to provide help and create a form of transport with the organization's own vehicles, offering also the professional support and transport to corresponding utilities,
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- f) through publications and public events awareness among the population on questions of social and health services, in particular with regard to the support and care of disabled, sick patients and people of any age in rescue services, in the field of youth care and social assistance to conveying,
- g) support disabled and dependent people and their families in need of support and care.

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### Sponsorship / membership fees

- 1.1. Full members and supporting members pay a membership fee and the amount of the fee is to be announced by the board of trustees.  
Membership fees are annual contributions that are due on 1<sup>st</sup> of March of each calendar year. Members whose membership begins in the second half of the year, pay half of annual dues.  
The membership fee is determined by the Annual General Meeting where minimum contributions are set.
- 1.2. Membership fees which the members are obliged to pay to the organization under these statutes will not be reimbursed pro rata even if a member leaves the organization prematurely, for whatever reason.
- 1.3. Members who do not fulfill their obligation to pay despite a reminder can be removed from the list of members by decision of the board of trustees.

I HEREBY CONFIRM & ACCEPT THE SPONSORSHIP / MEMBERSHIP FEE REGULATIONS AND BECOME A SUPPORTING MEMBER OF E.M.A. NON-PROFIT ORGANISATION AND SUPPORT THEIR CONSTITUTION AND PURPOSES.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_