



# City of Tuttle

A SMALL COMMUNITY, WELL CONNECTED.

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## CITY OF TUTTLE EMS MEMBERSHIP FORM

(PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Apt#: \_\_\_\_\_ City: Tuttle State: OK Zip: 73089

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address if different than physical address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list all immediate relatives living at your residence

Name and Relationship to you

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_