

KANSAS EMERGENCY MEDICAL SERVICES ASSOCIATION

APPLICATION FOR INDIVIDUAL MEMBERSHIP

NAME _____ COUNTY _____

ADDRESS _____ PHONE _____

FAX # _____ E-MAIL _____

CITY _____ STATE _____ ZIP _____

AGENCY AFFILIATION _____

Certification level: (circle all that apply)
FR EMT EMT-I EMT-D MICT RN MD IC TO-I TO-II EMD

Year of initial certification _____ EMS Region I II III IV V VI

PLEASE CIRCLE YOUR SOCIETY MEMBERSHIP PREFERENCE
(active membership includes membership in one society)
Administrators ALS Providers BLS Providers Educators

Membership types for EMS Certified Personnel Only:
Active / Voting membership (must be Ks. certified EMS Attendant) \$25.00 _____
Active / Voting membership on roster of Service Member \$15.00 _____
Active / Voting membership Squad Member of Service Member NO CHARGE _____
Additional Society Membership \$5.00 ea _____

Memberships for Non-EMS Certified personnel only:
Affiliate Member (non-EMS Certified personnel only) \$20.00 _____

I would like to serve on the following committee:
 Bylaws Membership/Credentials Conference Planning
 Nominating Awards Other _____

Are you interested in serving as an officer in KEMSA? Yes No Maybe later

What would you like KEMSA to do for you in the coming year? _____

Return completed application and payment of dues to:
KEMSA
Box 441
Clay Center, KS 67432