

KANSAS EMERGENCY MEDICAL SERVICES ASSOCIATION

APPLICATION FOR SERVICE MEMBERSHIP

SERVICE NAME _____ DIRECTOR / CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

E-MAIL _____ Web page address _____

County _____

Service Type: I II V First Response only _____
OTHER _____

Number of personnel on department roster (including volunteers) _____

EMS REGION I II III IV V VI

Service memberships are \$150.00 per year. This membership entitles all personnel on your service roster to receive Active Membership for \$15.00 (\$10.00 discount). Service members also receive all newsletters and correspondence from KEMSA as well as member discounts and benefits. Service Members can enroll all the attendants on their roster as individual members under the KEMSA Squad Member Program which will provide those attendants with the \$10,000 KEMSA member death and dismemberment insurance and the Kansas EMS Chronicle.

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

Please return this completed application with payment to:

KEMSA
Box 441
Clay Center, KS 67432

Please enclose a list of the personnel listed on your service's roster to assist us in determining the individual member eligibility for the reduced membership fee.

Please include this form with the check for your membership dues!