



# KANSAS EMERGENCY MEDICAL SERVICES ASSOCIATION

## Membership Application - Individual Membership

*(Membership benefits are valid for one year from purchase or renewal.)*

Name \_\_\_\_\_ Agency Affiliation \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ KS BEMS# \_\_\_\_\_

Certification Level \_\_\_\_\_ Year of Initial Certification \_\_\_\_\_

County \_\_\_\_\_ EMS Region  I  II  III  IV  V  VI

.....  
**PLEASE CHECK A SOCIETY MEMBERSHIP PREFERENCE (optional)**

*(Must be an active KEMSA member. Society membership is free unless otherwise indicated.)*

Educators       Society of Billing Professionals       Administrators *(Addtl. \$25 fee required)*

.....  
**I would like to serve on the following committee(s):**

- Bylaws       Membership       Conference Planning
- Awards       Publications and Communications Board
- Other \_\_\_\_\_

**Are you interested in serving as a KEMSA board member?**

- Yes
- No
- Maybe Later

.....  
**INDIVIDUAL MEMBERSHIP OPTIONS:**

**Subtotal**

<input type="checkbox"/> <b>Active Membership</b>	<b>\$25.00</b>	_____
<small>Active members are individuals (certified or non-certified) with an interest and involvement in Kansas Emergency Medical Services and that pay annual dues. Active members are entitled to make motions, vote and hold any office of the Association (if you meet the requirements set forth in KEMSA policies); and you are entitled to all benefits of membership in the Association.</small>		

<input type="checkbox"/> <b>Member of Squad Membership</b>	<b>NO CHARGE</b>	_____
--	------------------	-------

**SOCIETY OPTIONS:**

<input type="checkbox"/> <b>Administrator's Society (additional to membership dues)</b>	<b>\$25.00</b>	_____
---	----------------	-------

Membership Dues: \$ \_\_\_\_\_ + Society Dues: \$ \_\_\_\_\_ = **TOTAL ENCLOSED \$** \_\_\_\_\_

**DON'T FORGET:** Fill out the "Beneficiary Designation" form found at [kemsa.org/membership-forms](http://kemsa.org/membership-forms) and return it with this application. We must have a *current form* on file in order for you to receive the Accidental Death and Dismemberment Insurance benefit.

**Method of Payment**

- Check payable to: Kansas EMS Association  
Check # \_\_\_\_\_ is enclosed for \$ \_\_\_\_\_
- Paid online at [www.kemsa.org](http://www.kemsa.org)

**Return completed application, insurance form, and payment to:**

KEMSA ▪ 6021 SW 29th St., Suite A PMB 359 ▪ Topeka, KS 66614 ▪ Fax: (888) 760-6884

Questions? Call KEMSA at (785) 580-3459 or email [mary@kemsa.org](mailto:mary@kemsa.org).

*form updated 7-1-17*