



# KANSAS EMERGENCY MEDICAL SERVICES ASSOCIATION

## Membership Application - Service & Squad Memberships

*Membership benefits are valid for one year from date of purchase.*

Service Name \_\_\_\_\_

Director/Contact \_\_\_\_\_

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

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Service Type  Ground  Air  Non-Transporting  Other \_\_\_\_\_

Service Affiliation  County  City  Private  Other \_\_\_\_\_

Service Based  Hospital  Fire  Third Service  Law Enforcement  Other \_\_\_\_\_

Number of personnel on department roster (including volunteers) \_\_\_\_\_ Number of EMS Stations \_\_\_\_\_

### Membership Options for Services *Check Service or Squad and add Administrators Society members if applicable.*

**KEMSA SERVICE MEMBERSHIP - \$150 – is a membership for the service itself.**

*This membership entitles the service to participate in our group buying program, receive a copy of the KEMSA Chronicle, buy discounted gift shop items, and more.*

**KEMSA SQUAD MEMBERSHIP – is a membership the service can buy for its employees,**

***after purchasing the service membership.*** (Prices below include the \$150 service membership fee.)

1-9 members - \$150 + \$90 = **\$240**

51-75 members - \$150 + \$765 = **\$915**

10-20 members - \$150 + \$150 = **\$300**

76-100 members - \$150 + \$1140 = **\$1290**

21-30 members - \$150 + \$315 = **\$465**

101-149 members - \$150 + \$1515 = **\$1665**

31-40 members - \$150 + \$465 = **\$615**

150+ members - \$150 + \$2000 = **\$2150**

41-50 members - \$150 + \$615 = **\$765**

*The squad membership entitles each of your employees to a membership in KEMSA, which allows each of them to receive the KEMSA Chronicle along with the other KEMSA membership benefits including a \$10,000 accidental death and dismemberment policy. The squad membership is a great way to get your employees involved in EMS in Kansas.*

**KEMSA ADMINISTRATORS SOCIETY MEMBERSHIPS – is a society membership you can buy for members of your service, so they can actively participate in this KEMSA society.**

1 individual = **\$25**     2-3 Members from Same Service = **\$50**

4+ Members from Same Service = **\$100**

*Names of Individuals You Want in Admin. Society* \_\_\_\_\_

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

### Method of Payment (check one)

Check payable to: Kansas EMS Association

Check # \_\_\_\_\_

Paid online at [www.kemsa.org](http://www.kemsa.org)

See [www.kemsa.org/membership](http://www.kemsa.org/membership) for a complete list of benefits for each level.

**SQUAD MEMBERS:** If you would like a copy of your current personnel to update in a spreadsheet format, e-mail [kara@kemsa.org](mailto:kara@kemsa.org). The Beneficiary Designation insurance form found on the membership page at [www.kemsa.org](http://www.kemsa.org) should be completed by each member of your squad once a year. (Once filled out, keep the beneficiary form in their personnel files at your service or they can keep a copy at home.)

**Return completed application(s), insurance form(s) - if applicable, and payment to:**

KEMSA ▪ 6021 SW 29th St., Suite A PMB 359 ▪ Topeka, KS 66614

Questions? Call KEMSA at (785) 580-3459