



# 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 SOCIETY MEMBERSHIP PREFERENCE(s) (optional)**

*(Must be an active KEMSA member. Society membership is free unless otherwise indicated, and you can choose as many as you would like.)*

- Billing Professionals**
- Educators**
- Peer Support**
- Administrators** *(Addtl. \$25 fee required)*

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

- Yes
- No
- Maybe Later

.....  
**How would you like to receive the KEMSA Chronicle magazine?**

- Digital Copy by Email
- Printed Copy in the mail
- Both Digital and Printed

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

<input type="checkbox"/> <b>Active Membership</b>	<b>\$25.00</b>	<u>                    </u>
<small>Active members are individuals (certified or non-certified) with an interest and involvement in Kansas Emergency Medical Services and who pay annual dues. Active members are entitled to make motions, vote and hold any office of the Association (if they 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>	<u>                    </u>
--	------------------	-----------------------------

**SOCIETY OPTIONS:**

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

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

**DON'T FORGET:** Fill out the Insurance Beneficiary Form found at [kemsas.org/membership-forms](http://kemsas.org/membership-forms) and **keep it AT HOME** in your personal files. We don't need a copy in our office, but we recommend you have one at home and update it once a year in case something happens.

**Method of Payment**

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

**Return completed application, insurance form, and payment to:**  
KEMSA ■ 6021 SW 29th St., Suite A PMB 359 ■ Topeka, KS 66614  
Questions? Call KEMSA at (785) 580-3459 or email [kari@kemsas.org](mailto:kari@kemsas.org).