



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 patches/pins, 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

See 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 kari@kemsa.org. The Beneficiary Designation insurance form found on the membership page at 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) 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@kemsa.org.

form updated 5-15-21