

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
	E-mail
	n-Transporting Other
	Private Other
	rd Service
_	ncluding volunteers) Number of EMS Stations
 KEMSA SERVICE MEMBERSHIP - \$2 This membership entitles the service to partice Chronicle, buy discounted patches/pins, and KEMSA SQUAD MEMBERSHIP − is a after purchasing the service member of the service members o	membership the service can buy for its employees, rship. (Prices below include the \$150 service membership fee.) 50 $\boxed{50}$ 15 $\boxed{101-149}$ 15 $\boxed{101-149}$ 15 $\boxed{150+}$ 150+ $\boxed{150+}$
members of your service, so they can active and active active active active and active a	ers from Same Service = <u>\$50</u> <u>\$100</u> ety
Membership Dues: \$ + Socie	ety Dues: \$ = TOTAL ENCLOSED \$
Method of Payment (check one) ☐ Check payable to: Kansas EMS Association	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

See <u>www.kemsa.org/membership</u> for a complete list of benefits for each level.

Check #

☐ Paid online at www.kemsa.org

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.)