



KANSAS EMERGENCY MEDICAL SERVICES ASSOCIATION

Membership Application - Individual Membership

Name _____ Agency Affiliation _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ Cell _____

E-mail _____ BEMS# _____

Certification Level _____ Year of Initial Certification _____

County _____ EMS Region I II III IV V VI

PLEASE CHECK YOUR SOCIETY MEMBERSHIP PREFERENCE

(active membership includes membership in one society)

- Administrators ALS Providers BLS Providers Educators

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

- Bylaws Membership Conference Planning
 Nominating Awards Other _____

Are you interested in serving as a KEMSA board member?

- Yes No
 Maybe Later

What would you like KEMSA to do for you in the coming year?

Membership Options for EMS CERTIFIED PERSONNEL ONLY:

Subtotal

Active/Voting membership <i>(Must be KS certified EMS Attendant)</i>	\$25.00	_____
Active/Voting membership <i>(on Roster of Service Member)</i>	\$15.00	_____
Active/Voting membership <i>(Member of Squad Membership)</i>	NO CHARGE	_____
Additional Society Membership(s) - after one free	\$5.00 each	_____

Membership Options for NON-EMS CERTIFIED PERSONNEL ONLY:

Affiliate Member <i>(non-EMS Certified)</i>	\$20.00	_____
<i>(Membership benefits are valid for one year from date of purchase or renewal.)</i>	TOTAL	_____

DON'T FORGET: Fill out the "Beneficiary Designation" form found on the membership page at www.kemsa.org and return it with this application. We must have a *current form* on file in order for you to receive the Death and Dismemberment Insurance benefit.

Method of Payment (check one)

- Check payable to: Kansas EMS Association
Check # _____ is enclosed for \$ _____
- Paid online with Paypal at www.kemsa.org

Return completed application, insurance form, and payment to:

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