



# KANSAS EMERGENCY MEDICAL SERVICES ASSOCIATION

## Membership Application - Service & Squad Memberships

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

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

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

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

Service Type  I  II  V  First Response Only  Other \_\_\_\_\_

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

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

### Membership Options for Services

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

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

*This membership entitles the service to a copy of the Chronicle and the service gets e-mail updates from KEMSA along with other membership benefits like discounted gift shop items. In addition, your employees get a reduced membership rate of \$15, but they must join on their own.*

**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 - \$90 + \$150 = **\$240**

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

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

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

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

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

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

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

*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 death and dismemberment policy. The squad membership is a great way to get your employees involved in EMS in Kansas.*

### Method of Payment (check one)

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

**Thanks for your support of KEMSA!**

**SQUAD MEMBERS:** Please enclose a completed individual membership application for each of the personnel listed on your service’s roster or go to www.kemsa.org and download the spreadsheet document, fill it out and e-mail it to mary@kemsa.org. This will ensure that each member of your squad receives the KEMSA Chronicle and Death and Dismemberment insurance. The “Beneficiary Designation” insurance form found on the membership page at www.kemsa.org must also be completed by each member of your squad. (Once the insurance forms are on file, they only need to be completed again if something changes.)

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

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