

**KANSAS EMERGENCY MEDICAL SERVICES ASSOCIATION**

**APPLICATION FOR INDIVIDUAL MEMBERSHIP**

NAME \_\_\_\_\_ COUNTY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

FAX # \_\_\_\_\_ E-MAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGENCY AFFILIATION \_\_\_\_\_

Certification level: (circle all that apply)  
FR EMT EMT-I EMT-D MICT RN MD IC TO-I TO-II EMD

Year of initial certification \_\_\_\_\_ EMS Region I II III IV V VI

**PLEASE CIRCLE YOUR SOCIETY MEMBERSHIP PREFERENCE**  
(active membership includes membership in one society)  
**Administrators ALS Providers BLS Providers Educators**

|  |                  |       |
|--|------------------|-------|
| <b>Membership types for EMS Certified Personnel Only:</b>        |                  |       |
| Active / Voting membership (must be Ks. certified EMS Attendant) | \$25.00          | _____ |
| Active / Voting membership on roster of Service Member           | \$15.00          | _____ |
| Active / Voting membership Squad Member of Service Member        | <u>NO CHARGE</u> | _____ |
| Additional Society Membership                                    | \$5.00 ea        | _____ |
| <b>Memberships for Non-EMS Certified personnel only:</b>         |                  |       |
| Affiliate Member (non-EMS Certified personnel only)              | \$20.00          | _____ |

**I would like to serve on the following committee:**  
 Bylaws                       Membership/Credentials                       Conference Planning  
 Nominating                       Awards                       Other \_\_\_\_\_

Are you interested in serving as an officer in KEMSA?     Yes     No     Maybe later

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

Return completed application and payment of dues to:  
KEMSA  
Box 441  
Clay Center, KS 67432