

# KANSAS EMERGENCY MEDICAL SERVICES ASSOCIATION

## APPLICATION FOR SQUAD MEMBERSHIP

To take advantage of the "Squad Membership" Option, an agency must hold an active and current Service Membership within the Kansas EMS Association.

SERVICE NAME \_\_\_\_\_ DIRECTOR / CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_ Web page address \_\_\_\_\_

County \_\_\_\_\_ KEMSA Service Member Number \_\_\_\_\_

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

EMS REGION    I    II    III    IV    V    VI

**Effective February 1, 2005, KEMSA Service Members whose service dues are paid and in good standing can enroll all of their attendants as KEMSA members at the following flat rates:**

- |                          |                  |        |
|--------------------------|------------------|--------|
| <input type="checkbox"/> | 1 – 9 members    | \$90   |
| <input type="checkbox"/> | 10 – 20 members  | \$150  |
| <input type="checkbox"/> | 21 – 30 members  | \$315  |
| <input type="checkbox"/> | 31 – 40 members  | \$465  |
| <input type="checkbox"/> | 41 – 50 members  | \$615  |
| <input type="checkbox"/> | 51 – 75 members  | \$765  |
| <input type="checkbox"/> | 76 – 100 members | \$1140 |
| <input type="checkbox"/> | 101+ members     | \$1515 |

Please return this completed application with payment to:

**KEMSA  
Box 441  
Clay Center, KS 67432**

Please enclose a completed individual membership application for each of the personnel listed on your service's roster. This will ensure that each member of your squad receives the Kansas EMS Chronicle and Death and Dismemberment insurance.

The "Beneficiary Designation" form must also be completed by each member of your squad.