



KANSAS EMERGENCY MEDICAL SERVICES ASSOCIATION

Membership Application - Individual Membership

(Membership benefits are valid for one year from purchase or renewal.)

Name _____ Agency Affiliation _____

Address _____ City/State/Zip _____

Work Phone _____ Home Phone _____ Cell _____

E-mail _____ KS BEMS# _____

Certification Level _____ Year of Initial Certification _____

County _____ EMS Region I II III IV V VI

PLEASE CHECK SOCIETY MEMBERSHIP PREFERENCE(s) (optional)

(Must be an active KEMSA member. Society membership is free unless otherwise indicated, and you can choose as many as you would like.)

- Billing Professionals**
- Educators**
- Peer Support**
- Administrators** *(Addtl. \$25 fee required)*

Are you interested in serving as a KEMSA board member?

- Yes
- No
- Maybe Later

How would you like to receive the KEMSA Chronicle magazine?

- Digital Copy by Email
- Printed Copy in the mail
- Both Digital and Printed

INDIVIDUAL MEMBERSHIP OPTIONS:

<input type="checkbox"/> Active Membership	\$35.00	<u> </u>
<small>Active members are individuals (certified or non-certified) with an interest and involvement in Kansas Emergency Medical Services and who pay annual dues. Active members are entitled to make motions, vote and hold any office of the Association (if they meet the requirements set forth in KEMSA policies); and you are entitled to all benefits of membership in the Association.</small>		

<input type="checkbox"/> Member of Squad Membership	NO CHARGE	<u> </u>
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SOCIETY OPTIONS:

<input type="checkbox"/> Administrator's Society (additional to membership dues)	\$25.00	<u> </u>
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Subtotal

Membership Dues: \$ _____ + Society Dues: \$ _____ = **TOTAL ENCLOSED \$** _____

DON'T FORGET: Fill out the Insurance Beneficiary Form found at kemsas.org/membership-forms and **keep it AT HOME** in your personal files. We don't need a copy in our office, but we recommend you have one at home and update it once a year in case something happens.

Method of Payment

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

Return completed application, insurance form, and payment to:
 KEMSA ▪ 6021 SW 29th St., Suite A PMB 359 ▪ Topeka, KS 66614
 Questions? Call KEMSA at (785) 580-3459 or email kari@kemsas.org.