



## FORM A -- Chapter Intention Form

Proposed Name of Chapter: \_\_\_\_\_

Today's Date: \_\_\_\_\_

We are submitting our intention to form a chapter of the National Association of EMS Physicians® (NAEMSP®). We understand that a staff liaison will be assigned to our group to help facilitate the process of becoming a chapter.

We understand we must have five interested members to submit this intent and that we will have six months to organize and submit the Petition of Charter (FORM B). We further understand that until the Chapter Charter is approved, we will not be granted chapter rights.

*The designated contact person for our proposed chapter is:*

Name: \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

*The active members of our proposed chapter are:*

Name: \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

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Name: \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

**Signature of Contact person:** \_\_\_\_\_

Please submit this form to the NAEMSP® Executive Office  
([info-NAEMSP@NAEMSP.org](mailto:info-NAEMSP@NAEMSP.org) or 913- 222-8606).