



National Association of EMS Physicians®

4400 College Boulevard, Suite 220 • Overland Park, KS 66211

Application: P.O. Box 723248 • Atlanta, GA 31139

(913) 222-8654 or (800) 228-3677 • Fax: (913) 222-8606

MEMBERSHIP APPLICATION

Full Name: _____
(Include academic accomplishments such as MD, DO, MPH, PhD, EMT-P, EMT, RN etc.) Limit 3

HOME BUSINESS - Please indicate your preferred mailing address for PEC and where renewal notices will be sent.

Mailing Address: _____

City: _____ State/Province: _____

Zip: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

Company/ Institution
(if applicable): _____

Mailing Address: _____

City: _____ State/Province: _____

Zip: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

Are you Board Certified? Yes No Date of Certification: _____

Are you a Medical Director? Yes No

Primary EMS Affiliation of Title: _____

In what environment is your primary EMS affiliation located?

Urban Suburban Rural Frontier Other _____

Medical specialty (physicians): _____

Non-physician primary medical specialty:

- | | | |
|--|---|--|
| <input type="checkbox"/> Paramedic | <input type="checkbox"/> EMT-Basic | <input type="checkbox"/> EMT-Intermediate |
| <input type="checkbox"/> EMT-Paramedic | <input type="checkbox"/> EMD | <input type="checkbox"/> First Responder |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Research | <input type="checkbox"/> Education |
| <input type="checkbox"/> Medical Student | <input type="checkbox"/> Administrative | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Other: _____ | | |

Employer Type:

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Fire Department | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Hospital-based |
| <input type="checkbox"/> 3rd Service Government | <input type="checkbox"/> Industrial | <input type="checkbox"/> Commercial/Private |
| <input type="checkbox"/> Academic | <input type="checkbox"/> Military | |
| <input type="checkbox"/> Other: _____ | | |

Chapter Membership (add fees if applicable)

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Indiana | <input type="checkbox"/> Kansas |
| <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Oregon |
| <input type="checkbox"/> Virginia | <input type="checkbox"/> Wisconsin dues (\$25) | |

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Membership Categories:

- Physician member:** \$375.00
Physicians who are engaged in the planning, supervision, teaching or clinical practice of out-of-hospital emergency medical care.
- Professional member:** \$185.00
Non-physicians who have demonstrated an interest in out-of-hospital emergency medical care and the aims of the Association. (Nurse, EMT, EMT-P etc.)
- International member:** \$185.00
EMS Physicians outside of North America. Members in this category do not receive NAEMSP News and Prehospital Emergency Care Journal via the mail. These publications are only available on-line.
- Fellow member:** \$185.00
*Fellow interested in EMS. Expected graduation date: _____
(Please include a verification letter from your fellowship director.)*
- Resident physician member:** \$150.00
*Resident physicians interested in EMS. Expected graduation date: _____
(Please include a verification letter from your residency director.)*
- Medical student member:** \$115.00
*Medical students interested in EMS. Expected graduation date: _____
(Please include a verification letter from your medical school.)*

NAEMSP®'s membership year runs from January 1 - December 31. New members may pay a prorated amount in their first year (Chart can be found on the [NAEMSP® website](#)). Renewal notices for the following year are mailed each November and due by December 31.

Members joining in October, November or December may opt to pay the prorated amount as well as the full yearly rate. By doing so you will avoid receiving a renewal invoice right away and be paid through the following year.

How did you hear about us? _____

Payment:

- Check/money order enclosed Visa MasterCard Discover American Express

Name on Card
(please print): _____

Credit Card Number: _____ Expiration Date: _____

Signature: _____

Date: _____

No purchase orders will be accepted by NAEMSP®. NAEMSP® does not bill or invoice for membership. Payment must be included for the application to be considered complete.

Please enclose check, money order or credit card information for payment (in U.S. funds) and return to:

NAEMSP®
P.O. Box 723248
Atlanta, GA 31139
Fax: (913) 222-8606

By paying these fees you are opting to receive electronic communication from NAEMSP®. Please contact the NAEMSP® Executive Office at INFO-NAEMSP@NAEMSP.org if you would like to opt out.

NAEMSP® dues are not deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. NAEMSP® estimates the nondeductible portion of your membership dues, the portion which is allocable to lobbying, as 28%.

E-mail us at: info-naemsp@NAEMSP.org
Visit us on our website at: www.naemsp.org

6/11/18