



NAEMSP® MEMBER REINSTATEMENT

If paying by check, mail this form to P.O. Box 723248 • Atlanta, GA 31139

All other correspondence: 4400 College Boulevard, Suite 220; Overland Park, KS 66211
Phone: (913) 222-8654 Fax: (913) 222-8606
E-mail: info-naemsp@naemsp.org

Step 1 – Update Contact Information

Full Name: _____ *ID Number: _____

Affiliation/Company: _____

Preferred Mailing Address: _____

City, State, Zip: _____

Preferred Phone: _____

Email: _____

Board Certified – Date of Certification: _____

(*If you don't know your ID we can look you up by your last name so that a duplicate record is not created.)

Step 2: Select Chapter Membership (if available your state/region)

- | | | | |
|-------------------------------------|--------------------------------------------------|-----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Kansas | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Texas |
| <input type="checkbox"/> California | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Oregon | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Minnesota (pending) | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Wisconsin dues (\$25) |
| <input type="checkbox"/> Indiana | <input type="checkbox"/> Missouri/Iowa (pending) | | |

Step 3: Select Membership Type and Amount Due:

- | | | |
|---------------------------------------------|-----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Physician \$375 | <input type="checkbox"/> Resident \$150 | <input type="checkbox"/> Fellow \$185 |
| <input type="checkbox"/> Professional \$185 | <input type="checkbox"/> Student \$115 | <input type="checkbox"/> International \$185 |

Total Due \$ _____

- | | | | | |
|--------------------------------|-------------------------------|-------------------------------------|-----------------------------------|-------------------------------------------|
| <input type="checkbox"/> Check | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Discover | <input type="checkbox"/> American Express |
|--------------------------------|-------------------------------|-------------------------------------|-----------------------------------|-------------------------------------------|

Card Number: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

Step 4: Select Auto-Pay

- NAEMSP now offers auto-pay, a convenient and secure way to pay your membership dues. When you choose auto-pay, you will be enrolled with the credit card information provided above. When it is time for your dues to be renewed next fall you will receive a reminder, but can sit back and relax knowing your payment will be made. Please contact our office if you prefer to use ACH withdrawal for auto-pay.

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%. 12/12/2018