



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)

(If multiple fees are listed, the first fee applies to Physician members; the second fee is for all other member types.)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Alabama (\$50) | <input type="checkbox"/> Kansas | <input type="checkbox"/> Missouri/Iowa | <input type="checkbox"/> Pennsylvania |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> California | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Texas (\$50) |
| <input type="checkbox"/> Colorado (\$50/\$25) | <input type="checkbox"/> Maryland | <input type="checkbox"/> New York (\$35) | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Florida (\$50) | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Carolina | <input type="checkbox"/> West Virginia (\$125/\$15) |
| <input type="checkbox"/> Georgia (\$50/\$30) | <input type="checkbox"/> Michigan | <input type="checkbox"/> Ohio (\$20/\$10) | <input type="checkbox"/> Wisconsin dues (\$25) |
| <input type="checkbox"/> Illinois | <input type="checkbox"/> Military/Federal Agency | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Indiana | <input type="checkbox"/> Minnesota | | |

Step 3: Select Membership Type and Amount Due:

- | | | |
|---|---|--|
| <input type="checkbox"/> Physician \$450 | <input type="checkbox"/> Resident \$165 | <input type="checkbox"/> Fellow \$200 |
| <input type="checkbox"/> Professional \$200 | <input type="checkbox"/> Student \$140 | <input type="checkbox"/> International \$260 |

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/CVV: _____

Name on Card: _____

Signature: _____ **TOTAL CHARGED:** _____

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%. 9/2021