



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 _____

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 _____

Signature of Contact person: _____

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