

NAEMSP DUES RENEWAL FORM



NAEMSP Executive Office
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Full Name: _____

ID Number: _____

(If you don't know your ID we can look you up by your last name.)

Membership Type:

Physician \$275.00 Resident \$105.00 Fellow \$135.00

Professional \$135.00 Student \$75.00 International \$135.00

Preferred Mailing Address: _____

City, State, Zip: _____

Preferred Phone: _____

Preferred Fax: _____

Email: _____

Change of Address: Yes No

Method of Payment:

Visa MasterCard American Express

Card Number: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

Check