



# National Association of EMS Physicians®

P.O. Box 19570 • Lenexa, KS 66285  
[Street mailing address: 18000 West 105<sup>th</sup> Street • Olathe, KS 66061]  
(913) 895-4611 or (800) 228-3677 • Fax: (913) 895-4652

## MEMBERSHIP APPLICATION

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

Please check below accordingly. Preferred Mail : All membership mailings and renewal notices will be sent to this address.

HOME ADDRESS - Preferred Mail

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

BUSINESS ADDRESS - Preferred Mail

Company/ Institution  
(if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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: _____           |                                     |   |

How did you hear about us? \_\_\_\_\_

(continued on back)

# NAEMSP® Membership Application - page 2

## Membership Categories:

- Physician member: \$325.00**  
*Physicians who are engaged in the planning, supervision, teaching or clinical practice of out-of-hospital emergency medical care.*
- Professional member: \$160.00**  
*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: \$160.00**  
*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: \$160.00**  
*Fellow interested in EMS. Expected graduation date: \_\_\_\_\_  
(Please include a verification letter from your fellowship director.)*
- Resident physician member: \$130.00**  
*Resident physicians interested in EMS. Expected graduation date: \_\_\_\_\_  
(Please include a verification letter from your residency director.)*
- Medical student member: \$100.00**  
*Medical students interested in EMS. Expected graduation date: \_\_\_\_\_  
(Please include a verification letter from your medical school.)*

## Payment:

- Check/money order enclosed     Visa     MasterCard     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.

|  |   |
|--|---|
| <p>Please enclose check, money order or credit card information for payment (in U.S. funds) and return to:</p> | <p>NAEMSP®<br/>P.O. Box 19570<br/>Lenexa, KS 66285<br/>Phone: (913) 895-4611 or (800) 228-3677<br/>Fax: (913) 895-4652<br/><br/>Street mailing address: 18000 West 105<sup>th</sup> Street<br/>Olathe, KS 66061</p> |
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