



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)

**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

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