



NAEMSE
250 Mt. Lebanon Blvd.
Suite 209
Pittsburgh, PA 15234

National Association of EMS Educators
Providing a Voice for EMS Education

NAEMSE Membership Application

Yes, enroll me as a member today! Annual domestic memberships are \$90 and include electronic distribution of publications via email. Dues for members residing outside the US borders are \$95. Payment will be accepted in U.S. funds by check or money order. Please provide the following information using the address you would like all correspondence sent. If your institution is tendering payment, please make certain your name appears on the institutional check.

First Name _____ Middle Initial _____ Last Name _____

Degrees Granted _____

(as you would like to appear, e.g., B.S., RN, NREMT-P)

Title/Position _____

Company/Organization _____ Institutional Membership*

Street Address/Department _____

Address (continued) _____

City _____ State _____ Zip _____ Country _____

Phone Number _____ Ext. _____ Fax _____

Email _____ Web Site _____

Date of Birth _____ Gender: Female Male

Academic Accomplishments (check all that apply):

- NREMT-B/EMT-B NREMT-P/EMT-P AA/AS/AAS MA/MS/Med MD/DO RN PA PhD/EdD
 NREMT-I/EMT-I EMT-D BA/BS/BSN

What level(s) of EMS classes do you instruct (check all that apply):

- Community Military College Residents Nursing Continuing Education Pre-EMS
 Industrial Fire Medical Students Physicians Formal Instructor Training First Responder

Which course(s) of EMS do you instruct (check all that apply):

- Bystander CPR EMT-I BLS ACLS ATLS PALS NRP NREMT First Responder EMT-B
 EMT-P ALS BTLIS PHTLS NALS CCEMT

Other Courses: _____

As an EMS Educator, do you work primarily as: Full-Time Part-Time Volunteer

How did you hear about NAEMSE?

- Word-of-Mouth Magazine Article NAEMSE Symposium Other EMS Conference
 Internet Current NAEMSE Member Former NAEMSE Member Other _____

Yes, you have my permission to include my name in the sale of the membership database for products/services relevant to my business/profession.

Please include my contact information in the online NAEMSE Web Address Book. This is a searchable database for members only.

Membership Option (Choose One Option)

I want to receive NAEMSE publications via email. \$90 (International Dues \$95)

Payment Information (Choose One Option)

Please invoice my company at the address above for my membership dues. If available, please provide a P.O. Reference Number: _____

I have enclosed a check in the appropriate amount based on my Membership option, payable to NAEMSE for my annual membership dues.

I would like my membership dues to be charged to my credit card. Visa Mastercard AMEX Discover

Card Number: _____ Exp. Date: _____ Security Code: _____ Cardholder

Name: _____ Billing Address: _____

SIGN ME UP FOR AUTOMATIC RECURRING PAYMENTS!

You will receive services upon receipt of dues payment. Please allow 4-6 weeks for initial receipt of publications. You will be billed annually in the month in which you joined.