



# Membership Application

Name (Please print or type) \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Country \_\_\_\_\_  Male  Female

Primary Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Organization \_\_\_\_\_ Title \_\_\_\_\_

**Active Member** (Certified by NREMT and/or a U.S. state or territory)

<b>Current EMS Certification Level:</b>	<b>Participation: (✓ all that apply)</b>	<b>Service Type (✓ all that apply)</b>	
<input type="checkbox"/> Paramedic	<input type="checkbox"/> Full-time	<input type="checkbox"/> Fire Department	<input type="checkbox"/> Police Department
<input type="checkbox"/> Advanced EMT	<input type="checkbox"/> Part-time	<input type="checkbox"/> Rescue Squad	<input type="checkbox"/> Military
<input type="checkbox"/> EMT Intermediate	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Private Ambulance	<input type="checkbox"/> Air Medical
<input type="checkbox"/> EMT	<input type="checkbox"/> Retired	<input type="checkbox"/> Critical Care Transport	<input type="checkbox"/> Health Agency
<input type="checkbox"/> Emergency Medical Responder	<input type="checkbox"/> Not currently employed	<input type="checkbox"/> Industrial/Commercial	<input type="checkbox"/> Hospital
		<input type="checkbox"/> Tribal EMS	<input type="checkbox"/> Other _____
		<input type="checkbox"/> County/Municipal	_____

State Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

National Registry Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Associate Member** (NOT certified by NREMT or a U.S. state or territory)

<input type="checkbox"/> Retired EMS Practitioner	<input type="checkbox"/> Physician
<input type="checkbox"/> Nurse	<input type="checkbox"/> Other _____
<input type="checkbox"/> EMS Educator	

**Annual Membership Dues** (Check only one)

- \_\_\_\_\_ Full Membership: \$40 (Active or Associate)
- \_\_\_\_\_ Affiliate Discount: \$30 (For members of an association affiliated with NAEMT)
- \_\_\_\_\_ Instructor Discount: \$30 (For current instructors of NAEMT education courses)
- \_\_\_\_\_ Military Discount: \$25 (For military rank of E-5 or below)
- \_\_\_\_\_ International Discount: \$30 (Associate membership for individuals living outside the U.S.)
- \_\_\_\_\_ Retired Discount: \$20 (Associate membership for retired EMS practitioners age 60+)
- \_\_\_\_\_ Student (EMT Program) Membership: \$25 (Good for one year only)
- \_\_\_\_\_ Lifetime Membership: \$600

Please tell us how you heard about NAEMT: \_\_\_\_\_ or who referred you:

NAEMT member: \_\_\_\_\_ or association affiliated with NAEMT: \_\_\_\_\_

Check here if you would like to receive information from the NAEMT affiliated association in your state, if applicable.

Please enclose check payable to NAEMT, or pay by:

Visa  M/C  AmEx Card No. \_\_\_\_\_ Expires \_\_\_\_\_

Signature \_\_\_\_\_

Join now online at [www.naemt.org](http://www.naemt.org), or send completed application with payment to NAEMT, P.O. Box 1400, Clinton, MS 39060, or fax to 601-924-7325. Upon acceptance of this application, you will receive a confirmation via e-mail with your NAEMT ID number. Questions? Please visit [www.naemt.org](http://www.naemt.org), call 1-800-346-2368, or e-mail [membership@naemt.org](mailto:membership@naemt.org).