



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)

Current EMS Certification Level:	Participation: (✓ all that apply)	Service Type (✓ all that apply)	
<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, 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, call 1-800-346-2368, or e-mail membership@naemt.org.