



NAEMSE

250 Mt Lebanon Blvd. #209
Pittsburgh, PA 15234

National Association of EMS Educators

Providing a Voice for EMS Educators since 1995

NAEMSE Membership Application

Yes, enroll me as a member today! Annual dues are \$90 for domestic members and \$95 for international members. Payment will be accepted in U.S. funds by check, money order, or credit card. Please make sure that your name appears on any institutional checks. All bolded fields on the following application are mandatory information fields. Please note that NAEMSE will primarily contact you via email and we do ask for an additional email address to be provided.

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Date of Birth: ` _____ **Gender:** _____

Title/Position: _____

Company/Organization: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Phone Number: _____ **Ext.:** _____ **Cell Phone:** _____

Email Address: _____

Secondary Email Address: _____

Academic/Professional Certifications: (please circle all that apply)

Emergency Medical Responder Emergency Medical Technician Advanced Emergency Medical Technician Paramedic

AA/AS/AAS BA/BS/BSN MA/MS/Med MD/DO PhD/EdD RN PA

Other: _____

Which courses do you instruct? (please circle all that apply)

ACLS ALS ATLS BLS BTLS Bystander CPR EMT AEMT Paramedic PALS PHTLS

Other: _____

How did you hear about NAEMSE? (please circle the one that best applies)

Colleague Social Media Website Event Other: _____

Do you primarily work full time, part time, or as a volunteer? _____

Annual salary: (please circle one) 20-40K 41-60K 61-80K 81-100K 100K+ Other Prefer not to disclose

License Number: _____ License State: _____ License Expiration: _____

NREMT Number: _____ NREMT Re-Reg. Date: _____

May we include your name in the sale of the membership database for products/services that are relevant to emergency medicine education? (yes or no) _____

Payment Options: (domestic membership \$90; international membership \$95)

Please invoice my company at the address above. If available, please provide a P.O. reference number _____

Please find a check enclosed payable to NAEMSE. Check number: _____

Please charge my credit card: Visa Mastercard American Express Discover

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

Name: _____ Email Address (for receipt): _____

Sign up for automatic renewal payments. NAEMSE will keep your credit card on file.

You will receive services only upon receipt of dues payment. You will be billed annually in the month in which you joined.

Mail: NAEMSE 250 Mt Lebanon Blvd. Suite 209 Pittsburgh, PA 15234 **Fax:** 412-343-4770 **Email:** membership@naemse.org