



IAEMSC

International Association of Emergency Medical Services Chiefs

Application for Membership

IAEMSC

P.O. Box 27911
Washington DC, 20038-7911
Phone: 877-442-3672
Fax: 866-596-6108
<http://www.iaemsc.org>

Name: _____

Title: _____

Agency: _____

Business Address: _____

City: _____

State/Zip: _____

Country: _____

Business Phone: _____

Fax: _____

E-mail: _____

Website: _____

Number of personnel in your department: _____

Annual number of Responses: _____ Transports: _____

Population served: _____

Type of service:

___ Municipal EMS Agency ___ Public Utility Model

___ Hospital base ___ Volunteer

___ Private service ___ Fire based

Other _____

Levels of service provided / check all that apply:

___ BLS ___ Air ambulance

___ ALS Other _____

Please provide the name and phone number of your superior for application validation:

Check Level of Membership

Charter Membership: (\$500/yr) Open for one year only (May 1, 2008 – April 30, 2009). Charter members are entitled to a 10% annual membership discount (as long as they remain continuous members), will be recognized and the website and will have first access to any IAEMSC special events, meetings, etc.

Regular Membership: (\$300/yr) Open to an individual who serves as, or has served, in an executive level and/or command operations leadership position within an emergency medical services organization. Regular membership entitles the member to voting rights, is eligible to hold an elected or appointed office and full access to all products/benefits the association makes available.

Associate Membership: (\$150/yr) Open to an individual who is a retired Chief Officer, or a career or volunteer EMS professional who serves, or has served, in an EMS organization and is interested in furthering the leadership and profession of EMS. Affiliate members can also be individuals who are in an emergency medical services or health services related organization; a municipal, provincial, tribal or federal government; an academic or consulting organization. Affiliate members receive mailings, newsletters and certificate of membership. They do not have voting rights or the ability to hold an office.

Check: (Payable to IAEMSC in US dollars) \$ _____

Credit Card:

___ Am. Exp. ___ Discover ___ Mastercard ___ Visa

Card number: _____

Expiration date: _____

Name on card: _____

Signature: _____

Membership fees received after October 1 will be credited to the following year. For further information on membership benefits and eligibility please visit our website: www.iaemsc.org.