



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 \$95 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 \$95; 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