

MEMSA

MISSOURI EMERGENCY MEDICAL SERVICES ASSOCIATION

425 East High St., Jefferson City, Mo. 65101, Toll free Phone: 888-410-1557

Website: www.memsa.org

Email: memsa@memsa.org

MEMSA is a state-wide non-profit professional organization dedicated to enhancing the quality of emergency medical services in Missouri. Joining **MEMSA** provides you a voice on the regional, state, and national level. **MEMSA** has been active in promoting issues enhancing emergency care in Missouri, such as seat-belt safety, 9-1-1 and STEMI/STROKE legislation.

MEMSA is active in issues involving emergency medical care including:

- LEGISLATION - MEMSA gets involved and makes a difference in legislative issues for the state of Missouri.
- PRE-LICENSING TESTING FOR EMT-B AND EMT-P candidates
- COMBINED CLINICAL CONFERENCE co-sponsor
- ICE/SPRING BREAK CONFERENCE co-sponsor
- CODE 3 (Online or Pdf newspaper)

Benefits of being a MEMSA member include:

- ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE for members
- SCHOLARSHIPS for EMS students
- MEMSA's web page www.memsa.org
- MEMSA's Online or Pdf Newsletter
- MEMSA Regional Testing - MEMSA sponsors and runs EMT and Paramedic Practical Testing
- Reduced rates for attending ICE/Spring Break and Combined Clinical Conference

TYPES OF MEMBERSHIP:

Individual members are Missouri licensed EMTs, Paramedics, Physicians, First Responders, Nurses, etc. who routinely provide emergency medical services or support.

Individual Associate members are not licensed to provide EMS but are otherwise supportive of the mission and goals of the association.

Student members are those enrolled to obtain higher degree or professional title in Emergency Services.

Organizational members are ambulance services, hospitals, fire protection services, etc. that utilize licensed personnel to provide emergency medical services within the state of Missouri. Organizations may name three representatives of the organization to enjoy full membership benefits.

Organizational Associate members are engaged in the manufacture or distribution of goods or services to Emergency Service providers.

Training Entities are accredited by the Bureau of EMS for the purpose of providing initial and ongoing education for those involved in providing emergency medical services.

Emergency Medical Response Agencies are engaged in medical first response but not transport of patients.

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INDIVIDUAL MEMBERSHIP APPLICATION

DUES: ___ New ___ Renewal ___ Free (granted by MEMSA) DATE _____
___ Individual \$25
___ Individual Group Rate *\$20 Group MEMSA Member # _____ Exp. Date _____
**Individual-Group Rate applies ONLY when your employer's organizational membership has been paid. The group MEMSA number and expiration date must be listed.*
___ Individual Associate \$30
___ Student \$15 (application must be signed by instructor)
Instructor _____ School _____

Name _____ Soc. Sec. # _____
___ M.D. ___ D.O. ___ EMT-B ___ EMT-P ___ RN ___ Student ___ FR ___ Other ___
Home Address _____ City _____ County _____ State _____ Zip _____
Employer _____ Work Ph _____
Street Address _____ Home Ph _____
City _____ State _____ Zip _____ Fax _____ email _____

**Beneficiary _____ Relationship _____

A \$1500 accidental death & dismemberment insurance is carried on each individual member. Please indicate your beneficiary and his/her relationship to you.

ORGANIZATIONAL MEMBERSHIP APPLICATION

DUES: ___ New ___ Renewal DATE _____
___ Organization > 400 patient contacts per year \$200
___ Organization < 400 patient contacts per year \$75
___ Organization Associate \$300
___ Training Entity \$75
___ Emergency Medical Response Agency (EMRA) \$75

Name of Organization _____

Application Prepared by: _____ Title _____
Business Address _____ City _____ County _____ State _____ Zip _____
Work Ph _____ Work Fax _____ Email _____

NOTE: Organizational memberships include up to three (3) voting representatives. Please indicate below:

Name _____ Title _____ Home Ph _____
Home Address _____ City _____ County _____ State _____ Zip _____
Soc. Sec. # _____ Email _____

**Beneficiary _____ Relationship _____

Name _____ Title _____ Home Ph _____
Home Address _____ City _____ County _____ State _____ Zip _____
Soc. Sec.# _____ Email _____

**Beneficiary _____ Relationship _____

Name _____ Title _____ Home Ph _____
Home Address _____ City _____ County _____ State _____ Zip _____
Soc. Sec.# _____ Email _____

**Beneficiary _____ Relationship _____

PAYMENT: Amount Enclosed _____ Check # _____ Credit Card: MC _____ VISA _____ Other _____ Name on Card _____ Card # _____ Exp Date _____ Signature _____	For Office Use Only Date Rcd. _____ Renewal Date _____ Amount Rcd. _____ Check# _____ Mbsp pck. mailed on _____
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Mail to: MEMSA 425 East High St. Jefferson City, Mo 65101
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