



# memsa

MISSOURI EMERGENCY MEDICAL SERVICES ASSOCIATION

PO Box 195 | Breckenridge, MO 64625 Phone: 573.370.1702  
Web: [www.memsa.org](http://www.memsa.org) E-mail: [memsa@memsa.org](mailto:memsa@memsa.org)

***MEMSA** is a state-wide non-profit professional organization dedicated to enhancing the quality of emergency medical services in Missouri.*

MEMSA uses existing and planned resources to meet the challenges of the growing needs of the agencies and professionals providing emergency medical services. Our goal is to meet and exceed the expectations of the citizens we serve.

### Benefits of being a MEMSA member include:

- **A Voice** at the regional, state and national levels supporting EMS in Missouri
- **A \$10,000 Accidental Death & Dismemberment policy** to protect you and your family
- **A statewide network** for professional communication among your EMS peers
- **The Missouri EMS Connection** quarterly magazine providing you quality clinical articles, statewide updates, and education.
- **Continued professional development** through annual conferences with CEUs
- **News and information** in our magazine, on our website, and electronically via e-mail
- and more!

## TYPES OF MEMBERSHIP

### Individuals

- **Individual members** include Missouri licensed EMTs, Paramedics, Physicians, First Responders, Nurses, etc., who routinely provide emergency medical services or support.
- **Student members** are EMT or EMT-P students pursuing an initial prehospital license. Limited to three years at this level.

### Organizations

- **Organizational members** include ambulance services, hospitals, fire protection services, etc., that utilize licensed personnel to provide emergency medical services within the state of Missouri.  
**Organizations with > 400 patient contacts** get one main contact and two additional voting representatives with full membership benefits.  
**Organizations with < 400 patient contacts** receive one main contact as a voting member.
- **Training Entities** are approved 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 (EMRAs)** are those engaged in medical first response but not transport of patients.
- **Organizational Associate Members** are engaged in the manufacture or distribution of goods or services to emergency medical service providers.



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# MEMBERSHIP APPLICATION

## ORGANIZATIONAL MEMBERSHIP

**New**       **Renewal**  
 Organization > 400 Patient Contacts - \$200       Organization < 400 Patient Contacts - \$75  
 Training Entity - \$75       Emergency Medical Response Agency - \$75  
 Organization Associate - \$300

**Name of Organization** \_\_\_\_\_

Main Contact \_\_\_\_\_ Job Title \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ \*E-mail \_\_\_\_\_

*\*Please provide an e-mail address. Much of our correspondence is electronic.*

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Region \_\_\_\_\_ *(MEMSA divided into seven regions. Regional voting privileges based on home address.)*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Beneficiary \_\_\_\_\_ Beneficiary Relationship \_\_\_\_\_

**For organizations with > 400 patient contacts**, you get two additional voting members. Please fill out the information below.

**Contact 2 Name** \_\_\_\_\_ Job Title \_\_\_\_\_

Work Phone \_\_\_\_\_ \*E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Region \_\_\_\_\_ *(MEMSA divided into seven regions. Regional voting privileges based on home address.)*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Beneficiary \_\_\_\_\_ Beneficiary Relationship \_\_\_\_\_

**Contact 3 Name** \_\_\_\_\_ Job Title \_\_\_\_\_

Work Phone \_\_\_\_\_ \*E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Region \_\_\_\_\_ *(MEMSA divided into seven regions. Regional voting privileges based on home address.)*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Beneficiary \_\_\_\_\_ Beneficiary Relationship \_\_\_\_\_

**CREDIT CARD PAYMENT:** VISA \_\_\_\_\_ Mastercard \_\_\_\_\_  
 Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ CVC \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Signature \_\_\_\_\_

For office use only:  
 Date Rc'd: \_\_\_\_\_ Amount Rc'd: \_\_\_\_\_  
 Check#: \_\_\_\_\_ Renewal Date: \_\_\_\_\_  
 Process Date: \_\_\_\_\_