

# KEMTA

## Kansas Emergency Medical Technicians Association Membership Renewal and Application Form



Please send the completed form and dues - \$25.00 (check or money order)

**NO CASH PLEASE** to:  
**KEMTA - 403 N. Durham, Ulysses, KS 67880**

### APPLICATION

(please print or type)

#### Personal Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
County: \_\_\_\_\_ Region: \_\_\_\_\_

#### Type of Membership (please check one):

Active  Associate

#### Certification:

EMR       EMT       LPN       R.N  
 PARAMEDIC       AEMT       M.D.       NONE

If you are interested in being a member of a KEMTA committee, please check your interest below

#### KEMTA COMMITTEES:

Logistics       Registration       Education       Hospitality  
 Awards       Vendors       Elections

Please take a moment of your time to tell us what you would like to see KEMTA accomplish.  
Thank You!

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**Please Make Sure We Can Read Your Writing!**

If you have any questions, please call 620-391-1419 or email [kemt370@hotmail.com](mailto:kemt370@hotmail.com)