

**KANSAS EMERGENCY MEDICAL TECHNICIANS ASSOCIATION**  
**Service Membership Application**

Service Name:

Address:

City, State, Zip:

EMS Region                      Email:

\$100.00 / year (includes 15 members)

\$ 15.00 / person (enter # of persons for each additional employee over 15)

Total Due: \$

Check or purchase order must accompany this invoice. Upon completion, please print off all completed pages and mail to the following address.

**KEMTA**  
**403 N Durham**  
**Ulysses, KS 67880**

Email: [kemt370@hotmail.com](mailto:kemt370@hotmail.com)

Ph: 620.391.1419

[www.kemta.com](http://www.kemta.com)

# KANSAS EMERGENCY MEDICAL TECHNICIANS ASSOCIATION

## Service Membership Application

Please complete the following information about each member.

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

# KANSAS EMERGENCY MEDICAL TECHNICIANS ASSOCIATION

## Service Membership Application

Please complete the following information about each member.

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

# KANSAS EMERGENCY MEDICAL TECHNICIANS ASSOCIATION

## Service Membership Application

Please complete the following information about each member.

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

# KANSAS EMERGENCY MEDICAL TECHNICIANS ASSOCIATION

## Service Membership Application

Please complete the following information about each member.

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

# KANSAS EMERGENCY MEDICAL TECHNICIANS ASSOCIATION

## Service Membership Application

Please complete the following information about each member.

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

# KANSAS EMERGENCY MEDICAL TECHNICIANS ASSOCIATION

## Service Membership Application

Please complete the following information about each member.

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

# KANSAS EMERGENCY MEDICAL TECHNICIANS ASSOCIATION

## Service Membership Application

Please complete the following information about each member.

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====



# KANSAS EMERGENCY MEDICAL TECHNICIANS ASSOCIATION

## Service Membership Application

Please complete the following information about each member.

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

# KANSAS EMERGENCY MEDICAL TECHNICIANS ASSOCIATION

## Service Membership Application

Please complete the following information about each member.

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====

Name:

Address:

City, State, Zip:

Phone:

Email:

EMS Region:

=====