



ASSOCIATE MEMBERSHIP APPLICATION

SAN FRANCISCO PARAMEDIC ASSOCIATION

By joining the SFPA, you will help support efforts to continually improve the level of pre-hospital care through education and community outreach. Although Associate Members cannot vote, they are entitled to benefits such as: **reduced rate or FREE CE classes**, a newsletter subscription, store discounts, access to a credit union, and your very own SFPA T-Shirt! Most importantly, you will be supporting a high quality training institute that advocates for better patient care.

Name: _____

Home Address: _____

City, State, Zip Code: _____

Home Phone: () _____ **Work:** () _____

Email Address: _____

Employer/Provider: _____

Associate Membership open to everyone. I am licensed/certified as a:

RN LVN Doctor Dentist Other _____

Please provide a License/Certificate Number: _____

MEMBERSHIP FEES

Mail to: SFPA - Membership 657 Mission St, Ste 302 SF CA 94105 (You can also Fax 415-543-0415)

Associate Membership - \$60 FOR 1 YEAR

OPTIONAL NATIONAL ASSOCIATION OF EMT's MEMBERSHIP

NAEMT cost is \$30 for a discounted 1-year membership. (Associate member are not allowed to vote, hold offices, nor chair a committee, but receive all other benefits of membership) For info visit www.naemt.org

By checking this box you authorize the SFPA to forward your information to the NAEMT

Birthdate: MM/DD/YY ____/____/____ **Birthdate is REQUIRED for NAEMT membership**

PAYMENT INFORMATION

CASH CHECK CREDIT CARD (Visa) (MC) Card Number: _____

Expiration: _____ Signature: _____

T-SHIRT INFO (provide size AND color)

BLUE or WHITE **Size:** SMALL MEDIUM LARGE XLARGE XXLARGE

MEMBERSHIP VOLUNTEER SIGN-UP

May we contact you about volunteering? **Circle one** Yes or No

Which activities are you interested in following?

Legislative Review/Political Action Professional/Public Education Disaster Preparedness

SFPA Newsletter Photography/Graphic Arts

SFPA USE ONLY

PAYMENT MADE _____ GIVEN T-SHIRT _____ COMPUTER ENTRY _____

MEMBERSHIP CARD _____ DATE MAILED _____ EXPIRATION _____