

SAN FRANCISCO PARAMEDIC ASSOCIATION



MEMBERSHIP APPLICATION

By joining the SFPA, you will help support efforts to continually improve the level of pre-hospital care through education and community outreach. Membership benefits include voting privileges, reduced rate or FREE CE classes, a newsletter subscription, store discounts, access to a credit union, and your very own SFPA T-Shirt!

Name: _____

Home Address: _____

City, State, Zip Code: _____

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

Email Address: _____

Employer/Provider: _____

County(ies) of Licensure/Accreditation: _____

Membership is limited to pre-hospital personnel. I am licensed/certified as a:

First Responder EMT-1 EMT-II Paramedic MICN

License/Certificate Number*: _____ Expiration date: MM/DD/YY ____/____/____

**Required for membership*

MEMBERSHIP FEES

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

FR/ EMT-1: \$50 FOR 2 YEARS EMT-II/ PARAMEDIC/MICN \$65 FOR 2 YEARS

OPTIONAL NATIONAL ASSOCIATION OF EMT's MEMBERSHIP

NAEMT cost is \$30 for a discounted 1-year membership. (MICN's can be an associate member)

For more information 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 or MC)

Card Number: _____ Expiration: MM/DD/YY ____/____/____

Signature: _____

By signing above you authorize the SFPA and NAEMT to charge the appropriate membership fees.

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 _____