



# ASSOCIATE 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. 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

**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

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**SFPA USE ONLY**

PAYMENT MADE \_\_\_\_\_ GIVEN T-SHIRT \_\_\_\_\_ COMPUTER ENTRY \_\_\_\_\_  
MEMBERSHIP CARD \_\_\_\_\_ DATE MAILED \_\_\_\_\_ EXPIRATION \_\_\_\_\_