



# MEMBERSHIP APPLICATION

## EMT & PARAMEDIC

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:

- EMT    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)

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

### 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

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### SFPA USE ONLY

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