



Virginia Association of Emergency Medical Services Practitioners
Membership Application

v1.5/ASH – 01/26/2017

The preferred method to submit an application is online at <http://www.vaemsp.org/join-us>

Personal Information (Please print)			
Name:			
Address 1:			
Address 2:			
City/State/Zip:	Phone 1:	() -	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> M
E-Mail:	Phone 2:	() -	<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> M
Organization:	Date of Birth:	/ /	
Title:	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	

Choose a Membership Level (Choose only one):			
<input type="checkbox"/> Regular Membership (Certified EMS practitioner by Virginia OEMS or NREMT)			
Current EMS Certification: <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> Enhanced <input type="checkbox"/> AEMT <input type="checkbox"/> Intermediate <input type="checkbox"/> Paramedic <input type="checkbox"/> Virginia OMD	Participation (Check all that apply): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Retired <input type="checkbox"/> Not currently employed	Service Type (Check all that apply): <input type="checkbox"/> Fire Department <input type="checkbox"/> Rescue Squad <input type="checkbox"/> Private Ambulance <input type="checkbox"/> Critical Care Transport <input type="checkbox"/> Industrial/Commercial <input type="checkbox"/> Tribal <input type="checkbox"/> City/County/Municipal <input type="checkbox"/> Police Department <input type="checkbox"/> Military <input type="checkbox"/> Air Medical <input type="checkbox"/> Health Agency <input type="checkbox"/> Hospital <input type="checkbox"/> Other: _____	
Virginia OEMS Cert #:	Virginia OEMS Expiration Date:	/ /	
National Registry Cert #:	National Registry Expiration Date:	/ /	
Specialty EMS Certifications: <input type="checkbox"/> CCP-C <input type="checkbox"/> FP-C <input type="checkbox"/> TP-C <input type="checkbox"/> Virginia ALS Coordinator <input type="checkbox"/> Virginia EMS Education Coordinator <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Associate Membership (Not a Certified EMS practitioner by Virginia OEMS or NREMT)			
Participation: <input type="checkbox"/> Retired EMS Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> EMS Educator <input type="checkbox"/> Physician <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Student Membership (Currently enrolled in an EMS initial certification course – 1 year only)			
Type of EMS course:	<input type="checkbox"/> EMR <input type="checkbox"/> EMT		
Where are you taking your EMS course?:			
Who is your EMS Instructor?:			

Annual Membership Dues (Check only one):

- Regular Membership: \$25
 Associate Membership: \$25
 Student Membership (1-year only): \$15
 Lifetime Membership (One-time payment): \$250
 Combined Membership (VAEMSP and NAEMT): \$50
 NAEMT Member #: _____ (if already a member of NAEMT)

Please enclose a check payable to VAEMSP or join now online at www.vaemsp.org

If applying by mail, send completed application with payment to:

Virginia Association of EMS Practitioners
 2018 Electric Road #220
 Roanoke, VA 24018
membership@vaemsp.org

