



## Florida Association of Emergency Medical Services Educators

4300 NW 23rd Ave., Suite 476

Gainesville, Florida 32606

<http://www.faemse.org>

### Full Member - \$35.00

Full Members shall be individuals involved in the planning, supervision, teaching and clinical practice of out-of-hospital medical care. Full Members will be afforded all privileges of the Association, including voting rights, committee membership, election to offices and the right to advise the Association in the conduct of its affairs. The Board of Directors shall set annual membership fees.

### Honorary Member

Honorary Members shall be those persons deemed by the Board of Directors to have demonstrated outstanding dedication to the field of emergency medical services, who have made significant contributions to the goals of the Association, and who have distinguished themselves in this field. Honorary Members are elected by the Board of Directors and may be nominated by members of the Association. Honorary Members shall not have the right to vote, the right to chair committees, or the right to hold office. Honorary Membership is a life-long title. They shall not be charged a membership fee.

### Corporate Member - \$125.00

Corporate Members shall be groups interested in emergency medical services, and who are for-profit corporations, not-for-profit associations, governmental agencies, and similar entities. Each Corporate Member is allowed up to three representatives. Corporate Members may serve on committees, but may not make motions, vote, hold office, or chair committees of the FAEMSE. The Board Directors shall set annual membership fees.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Title: \_\_\_\_\_

Level of Training:      EMT      EMT-P      NREMT-P      RN      PA      DO      MD

PhD      EdD      Other: \_\_\_\_\_

Employer/Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please make check payable to: Florida Association of Emergency Medical Services Educators

Tax Identification Number: 59-3502803

Mail Application and check to:

Florida Association of Emergency Medical Services Educators  
4300 NW 23rd Ave., Suite 476 · Gainesville, Florida 32606