



Florida Association of EMS Medical Directors
3717 S. Conway Road | Orlando, FL 32812

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faemsmd.org

MEMBERSHIP STATEMENT

**JOIN/RENEW NOW FOR FAEMSMD BENEFITS
THROUGH 12/31/2018**

Step 1. Member Information

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Email: _____
 Medical Specialty: _____

Step 2. EMS System Information

Name of EMS System: _____
 Address: _____
 City/State/Zip: _____
 City/County Served: _____
 Co-Directors: _____
 Other EMS Systems Served:

Step 3. Membership Dues

Description	Amount
Active Membership	\$ 300.00
Associate Membership	\$ 100.00
Amount Enclosed: \$ _____	

Each EMS provider system is allowed one Active (voting) membership and an unlimited number of Associate memberships. Membership dues are payable at the first of each year.

The Florida Association of EMS Medical Directors is dedicated to promoting the practice of EMS medical direction in Florida. It serves as a resource for local EMS medical directors and agencies, providing the latest news and information in EMS medical direction. **FAEMSMD** serves as a forum for exchange of ideas on best serving the people of Florida through the most advanced and highest quality EMS and pre-hospital care. **FAEMSMD** is also an advocate on behalf of EMS medical directors to policy makers in the Florida Legislature and state agencies.

FAEMSMD meets quarterly at the State EMS meetings held by the Department of Health, Bureau of EMS. **FAEMSMD** is a member of the State EMS Advisory Council as well as the Medical Director Advisory Panel, which advises the State EMS Medical Director on statewide EMS issues.

Step 4. Payment Options

Payment Information:

Check Enclosed **Credit Card**

Make checks payable to: *Florida Association of EMS Medical Directors.*

Please mail completed form along with check to *Florida Association of Medical Directors, 3717 S. Conway Road, Orlando, FL 32812*, or, if paying by credit card, include credit card information and email completed form to mkeahay@emlrc.org

Pay by Credit Card

Visa	MasterCard	American Express
Name on Card: _____		Billing Zip: _____
Credit Card Number: _____		
Exp Date: _____		CVS Code: _____
<i>I authorize Florida Association of EMS Medical Directors to charge my card for the amount of selected membership level.</i>		
Signature: _____		Date: _____