



FAEMSMD



Florida Association of EMS Medical Directors

2012 Membership Application

Name: _____

Home Address: _____

City/State/ZIP: _____

Office Address: _____

City/State/ZIP: _____

Home Phone: _____ Office Phone: _____

Home FAX: _____ Office FAX: _____

Home Email: _____ Office Email: _____

Preferred Mailing Address: Home Office

Medical Specialty: _____

EMS System: _____

EMS Address: _____

EMS City/State/ZIP: _____

Name of City/County Served by Your EMS: _____

EMS Training Officer: _____

EMS Training Officer Email Address: _____

If you provide medical direction to additional EMS Systems, please list them below:

Co-Directors: _____

Check One: Active Membership \$300.00 Associate Membership \$100.00

Please return both forms to the address below Attention: Charlie Collins

Membership is \$300.00 per year, payable at the first of each year. Associate membership is \$100.00 each. EMS provider system is allowed one full (voting) membership, but any number of associate memberships is allowed.



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Florida Association of EMS Medical Directors

2012 Membership Invoice

- * Contact Person Member Name and Credentials
- * Agency Agency Name
- * Address Street Address and Suite Number
- * City, State, Zip City, State, Zip

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 prehospital 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.

To ensure that this member receives notification of all meetings and is kept current on FAEMSMD'S hot topics and other issues, please provide an email address in the space provided: _____

Membership is \$300.00 per year, payable at the first of each year. Associate membership is \$100.00 each. EMS provider system is allowed one full (voting) membership, but any number of associate memberships is allowed.

Please return this form with payment.

Check One: Active Membership \$300.00 Associate Membership \$100.00

Payments can be made by credit card (Visa or Master Card) or check:

Name on Card: _____

Credit Card Number: _____

Billing address of credit card: _____

Address Continued: _____

Phone number affiliated with credit card: _____

Expiration Date: _____

Credit Card Security Code: _____

**For payments by check, please make payable to:
Florida Association of EMS Medical Directors
3717 South Conway Road
Orlando, FL 32812**

CHECK US OUT ON THE WEB: WWW.FAEMSMD.ORG