



NEMSA Individual Membership Application

Membership Period is January 1 thru December 31

Please Print and Mail Payment to:

NEMSA

P.O. Box 1858

Fremont, NE 68026-1858

Last Name: _____ First Name: _____

Address: _____ City: _____

Appt#: _____ Zip: _____ Phone: () _____ - _____

DOB: ____ / ____ / ____ Email: _____

Department: _____

County: _____ Legislative District: _____

☐

\$30 - NEMSA Membership

☐

\$15 - NIS Membership

☐

\$45 - NEMSA & NIS Memberships

☐

\$60 - Combined NEMSA & NAEMT Memberships

☐

\$75 - NEMSA/NAEMT/NIS

Make checks payable to "NEMSA"

Total Enclosed \$ _____

*For Departments Memberships, please download the **Department Membership Application***

Office Use Only

Date received _____

Check # _____

Amount _____

Membership # _____

Membership Questions?

Contact Sandy Massey

boardmem2@nemsa.org