



SAN FRANCISCO PARAMEDIC ASSOCIATION

MEMBERSHIP APPLICATION

By joining the SFPA, you will help support efforts to continually improve the level of pre-hospital care through education and community outreach. Membership benefits include voting privileges, reduced rate or FREE CE classes, a newsletter subscription, store discounts, access to a credit union, and your very own SFPA T-Shirt!

Name: _____

Home Address: _____

City, State, Zip Code: _____

Home Phone: () _____ **Work:** () _____

Email Address: _____

Employer/Provider: _____

County(ies) of Licensure/Accreditation: _____

Membership is limited to pre-hospital personnel. I am licensed/certified as a:

- First Responder EMT-1 EMT-II Paramedic MICN

For membership you must provide a License/Certificate Number: _____

MEMBERSHIP FEES

Mail to: SFPA - Membership 657 Mission St, Ste 302 SF CA 94105 (You can also Fax 415-543-0415)

- FR/ EMT-1: \$50 FOR 2 YEARS EMT-II/ PARAMEDIC/MICN \$65 FOR 2 YEARS

OPTIONAL NATIONAL ASSOCIATION OF EMTS MEMBERSHIP

If you would like to be a part of the NAEMT please enclose an additional \$20 for a discounted 1-year membership.

PAYMENT INFORMATION

CASH CHECK CREDIT CARD (Visa) (MC) Card Number: _____

Expiration: _____ Signature: _____

T-Shirt Info (provide size AND color)

- SMALL MEDIUM LARGE XLARGE XXLARGE
 BLUE WHITE

MEMBERSHIP VOLUNTEER SIGN-UP

May we contact you about volunteering? (Y) (N)

Which activities are you interested in following?

- Legislative Review/Political Action Professional/Public Education Disaster Preparedness
 SFPA Newsletter Photography/Graphic Arts

SFPA USE ONLY

PAYMENT MADE _____ GIVEN T-SHIRT _____ COMPUTER ENTRY _____

MEMBERSHIP CARD _____ DATE MAILED _____ EXPIRATION _____