



# Michigan Association of Emergency Medical Technicians

*New Member Application*

**Join Now!**

**\$25.00 gets you all  
these benefits:**

Referred for Membership by: \_\_\_\_\_

Mr.    Ms.    Mrs.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
EMS Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Level of Licensure

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail

**Membership Type:**

Regular \$25    Student \$5

**Credit Card**

Visa    MasterCard  
 Discover    American Express

\_\_\_\_\_  
Card #   Expires

\_\_\_\_\_  
Card Holder's Name (as printed on card)

\_\_\_\_\_  
Card Holder's Signature:

- A \$10,000 Accidental Death and Dismemberment Insurance Policy.
- Member Discount at Michigan EMS EXPO.
- AAA insurance discount.
- Representation on the Emergency Medical Services Coordination Committee which advises the Michigan Department of Community Health on matters involving emergency medical services.
- Representation of your interests on legislative issues affecting EMS.
- Subscription to *Vital Signs*, a quarterly MAEMT publication.
- Discount on NAEMT dues.
- Scholarship program.
- Discount on JEMS subscription.

***Can You Afford NOT  
To Belong!***

**Questions? 517-372-7391**

Please mail completed application and check payable to **MAEMT** to:  
MAEMT, 412 W. Ottawa  
Lansing, Michigan 48933-1518  
(517) 372-7391   fax: (517) 372-1731

## APPOINTMENT OF BENEFICIARY

Participants Name: \_\_\_\_\_

Name of Plan: Michigan Association of Emergency Medical Technicians

I am a participant in the above benefit plan and I hereby revoke any previous appointment and designate the following as revocable beneficiaries of any monies payable upon my death under said plan:

Primary Beneficiary: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Contingent Beneficiary: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

Please forward the completed form to:

MAEMT  
412 W. Ottawa St.  
Lansing, Michigan 48933-1518

Insurance regulations require the original form with an original signature be on file