

MICHIGAN ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS

412 W. Ottawa St.
Lansing, Michigan 48933-1518
www.maemt.org
(517) 372-7391
Fax: (517) 372-1731

Name:
Address:

Preferred mailing address: business
 home
Please complete the information below and return your statement with your payment to the MAEMT office

MEMBERSHIP INVESTMENT STATEMENT

2009 MAEMT Active Member

Membership fees for MAEMT are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of MAEMT's lobbying activities. Because MAEMT falls within one of the exemptions, your membership fee deductibility is not affected by these restrictions.

By renewing my membership, I hereby consent to receive any and all communications sent by or on behalf of the Michigan Association of Emergency Medical Technicians via mail, e-mail, phone, and fax.

Thank you for your membership renewal!

Dues : \$30.00

(Pay by January 31, and only pay \$25.00!)

Amount Paid: _____

Please fill in your information below to help us update our records

Business Information:	Personal Information:
Company Name: Company Address	Address:
Business Phone: Business Fax:	Phone: E-mail: License Level:

→ APPOINTMENT OF BENEFICIARY – MICHIGAN ASSOCIATION OF EMT'S PLAN ←

All active members receive an Accidental Death & Dismemberment insurance policy.
For your protection, we request that you submit this information annually. Please name your beneficiaries below.

PARTICIPANT'S SSN	MARITAL STATUS
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I am a participant in the above benefit plan and 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	SSN	RELATIONSHIP
ADDRESS	CITY	STATE ZIP CODE
CONTINGENT BENEFICIARY NAME	SSN	RELATIONSHIP
ADDRESS	CITY	STATE ZIP CODE
SIGNATURE	DATE	

Dues Payment Information

Check enclosed, or Visa American Express Discover MasterCard

Credit Card Payment:

_____	_____
Card Number	Expiration Date
_____	_____
Card Holder's Name (as printed on card)	Card Holder's Signature