



Michigan Association of Emergency Medical Technicians

Join now!

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

\$25.00 gets you all these benefits:

- 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.
- Discounts at Pearle Vision
- 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: _____

Social Security: _____

Name of Plan: Michigan Association of Emergency Medical Technicians

Marital Status: _____

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: _____

Social Security #: _____

Relationship: _____

Address: _____

Contingent Beneficiary: Name: _____

Social Security #: _____

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