GAEMS Application

The Georgia Association of Emergency Medical Services
GAEMS
"Dedicated to Quality Pre-Hospital Care"

☐ New Member ☐ Renewal ☐ Student Membership

Name_____
Last First Middle

Home Address_____
Number Street APT

City_____State_____Zip _____

E-mail_____

Phone Numbers (include area code and ext.)

Home (_____)_____

Work (_____)_____

Please Check one:
FR _____EMT-B _____ EMT-I _____EMT-P _____ MD _____Other _____

Student (Circle One): FR EMT-B EMT-I EMT-P

EMS Service _____

Instructor Level _____

Please Check Appropriate Division:

Individual:

_____ Providers Division $15.00
(Must be currently certified in Ga. As an First Responder (DOT National Standard Curriculm), RN that works in the Pre-Hospital setting, EMT-B, EMT, EMT-CT, or Paramedic)

_____ Educators Division $15.00
(Must have current EMS Instructor License, issued by the State of Ga. Or current instructor license in an EMS related course)

_____ Associate Member $15.00
(Individual involved in or with Pre-hospital care but does not have an EMS Certification in Georgia.)

_____ Associate Business Member $50.00
(Business involved in or with Pre-hospital care but does not have an EMS Certification in Georgia.)

_____ Directors Division $50.00
Must be an active Director, President, or CEO of a licensed ambulance service in Ga. Each licensed service may have two members listed in this category.

_____ Medical Director $50.00
(Must be a Medical Director of a licensed ambulance service or licensed First Responder Service in Ga., or a physician actively involved in the medical direction of an ambulance service.)

Combination:

___ GAEMS Provider or Educators Division and Nat'l Assoc. of EMT's $45.00

___ GAEMS Director or Med. Director Division and Nat'l Assoc. of EMT's $80.00
(NAEMT) – Specialty Divisions extra

Group: *(Group of 5 or more joining simultaneously)*

___ Provider's Division *(Each Person)* $10.00

___ Educator's Division *(Each Person)* $10.00

Total Enclosed $_____

PLEASE INCLUDE A SEPARATE APPLICATION FOR EACH PERSON

Enclose application(s) and check(s) Mail to:
GAEMS, P.O. Box 4626, Macon, Ga. 31208