



NAEMS 2024-2025 MEMBERSHIP
INVOICE

Please send payment to:
Northern Arizona EMS Council
P.O. Box 2127
Flagstaff, AZ 86003-2127

Please complete the information below and return a copy of this invoice with payment:

NAME OF ORGANIZATION: _____

PRIMARY MEMBER: _____

E-MAIL ADDRESS: _____

ALTERNATE MEMBER: _ (FOR BOARD MEMBER POSITIONS ONLY)

ALTERNATE E-MAIL ADDRESS: _____

ALTERNATE PHONE NUMBER: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS FOR DUES NOTICE: _____

SELECT MEMBERSHIP LEVEL:

- | | | |
|--------------------------|-----------|------------------------------|
| <input type="checkbox"/> | \$ 50.00 | AGENCY/INDIVIDUAL MEMBERSHIP |
| <input type="checkbox"/> | \$ 100.00 | HOSPITAL MEMBERSHIP |
| <input type="checkbox"/> | \$ 150.00 | ASSOCIATE MEMBER |

SELECT TYPE OF SERVICE:

- | | |
|--|---|
| <input type="checkbox"/> FIRE DEPARTMENT (MUNICIPAL) | <input type="checkbox"/> FIRE DISTRICT |
| <input type="checkbox"/> PRIVATE AMBULANCE SERVICE | <input type="checkbox"/> LAW ENFORCEMENT |
| <input type="checkbox"/> COLLEGE | <input type="checkbox"/> FEDERAL AGENCY |
| <input type="checkbox"/> HOSPITAL | <input type="checkbox"/> ASSOCIATE MEMBER |
| <input type="checkbox"/> TRIBAL | |

PLEASE UPDATE AND RETURN A COPY OF THIS INVOICE WITH YOUR PAYMENT, TO THE ABOVE ADDRESS.

See website for additional information or blank copies of this invoice at www.naems.org.