



**NAEMS 2026-2027 MEMBERSHIP**  
**INVOICE**

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

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NAEMS membership runs from July 1, 2026- June 30, 2027

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

NAME OF ORGANIZATION: \_\_\_\_\_

PRIMARY MEMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ALTERNATE MEMBER: (FOR BOARD MEMBER POSITIONS ONLY)

ALTERNATE E-MAIL ADDRESS: \_\_\_\_\_

ALTERNATE PHONE NUMBER: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS FOR DUES NOTICE (if different than provided): \_\_\_\_\_

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](http://www.naems.org).