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2010 AEMS Membership – Individual Supporting

Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

EMS Title / Position: _____

Check if you prefer to be listed as an Anonymous Supporter

Membership Contribution

Please check your contribution level:

\$100 \$75 \$50 \$25 Other: _____

EMS Odyssey Scholarship Fund

A fund has been established to support those Central Region EMS professionals in need so that they may attend the 2010 EMS Odyssey Conference. Priority will be given to eligible candidates from rural areas. Our goal is to cover the registration fee and one night's hotel stay (room only) for all eligible recipients. The approximate value of a full scholarship is \$250.

\$250 \$200 \$100 \$75 \$50 \$25 Other: _____

Payment

Total Amount enclosed: Membership Support and/or Scholarship Fund Contribution \$ _____

Please make check or money order payable to AEMS, Inc. For your protection, credit card payment is available online only at www.aems.org. Return this form with payment to: **AEMS ♦ PO Box 28442 ♦ Scottsdale, AZ 85255**

AEMS is a 501(c) (3) non-profit organization. Donations to AEMS are tax deductible to the extent allowed by law.

THANK YOU FOR YOUR CONTRIBUTION AND SUPPORT OF AEMS!