



**KANSAS EMERGENCY MEDICAL TECHNICIANS
ASSOCIATION**

P. O. BOX 1506

EMPORIA , KS 66801

620-341-0493

SERVICE MEMBERSHIP INVOICE

_____ \$100.00 Per Calendar Year

Service Name _____

Address _____

City, State and Zip _____

A Service Membership entitles a service to enroll fifteen employees for free.
Additional employees may join for \$15.00 per person.

Check or Purchase Order Must Accompany This Invoice

WWW.KEMTA.COM