



Kentucky Association of Emergency Medical Technicians

Membership Renewal Form

Type or Print Information

Name: _____

Title: _____

KY Certification # _____ **Expires:** _____

County Where You Live: _____

County Where You Work: _____

Address: _____

City _____ **State** _____ **Zip Code** _____

Phone # (_____) _____ **Email** _____

Amount enclosed: \$ _____

*** One year KAEMT membership renewal is \$5.00***

Make Checks payable to:
Kentucky Association of EMT's

Mail to:
Membership
P.O. Box 178
Elizabethtown, KY 42702