



Wisconsin EMS Association Annual Business Membership Application

Business Information

Key Contact Name _____

Business Name _____

Key Contact Email _____

Business Address _____

Key Contact Phone _____

Business City _____

Business State _____

Business Zip _____

Business Phone _____

Payment Options:

Please indicate payment method

Visa MasterCard

Discover Amex

Please bill our credit card (+3% convenience fee)

Card Number _____

Expiration Date _____

3-Digit Security Code _____

Cardholder Signature _____

Please invoice me. I will pay by business check

Use this space to list additional roster members

Full Name	Email Address

Business Membership Benefits

\$425 Annual Fee

- **2 FREE Email Blasts** to our WEMSA Membership (advertise a sale, promote a new product, reach a majority of WI EMS)
- **10% OFF** future advertising in the EMS Professional Magazine, Website, and E-mail Blasts
- **Free Job Postings** (year-round)
- Take advantage of most **Group Purchasing Contracts**
- **2 Printed Copies** of EMS Professionals Magazine (digital copies to full roster)
- Include up to 10 people on your roster
- Future **discounts** on Annual Conferences

Signature of Authorized Company Representative

Date