

# MEMBERSHIP APPLICATION

Join Online



\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Email Address Business Phone Mobile Phone

## Membership Calendar: January 1-December 31

*Joining after March? See prorated dues schedule on the **Join Now** page of the SOMA website.*

### SELECT ONE

- \$125—Medic** (enlisted military medic)
- \$125—Medic** (TEMS medic and medical students) Civilian EMT, tactical medical emergency support medics, and healthcare industry students
- \$250— Professional/RN/PA/Pharmacist** (medical professional, PA, NP, nurses, physical therapists, allied health Professional, and international practitioners who are not military medics or physicians).
- \$350—Physicians** ((Allopathic [MD] and osteopathic [DO] physicians)
- \$150—Student** (individuals who are currently students. Individuals applying for this category of membership will be required to provide the anticipated date of his/her graduation or program completion).
- \$200—Resident** (individuals who are currently a resident. Individuals applying for this category of membership will be required to provide the anticipated date of his/her graduation or program completion).
- \$200—Fellow** (individuals who are currently in a fellowship programs. Individuals applying for this category of membership will be required to provide the anticipated date of his/her graduation or program completion).
- \$150—Emeritus** (individuals who were previously medic, professional, or physician members who have retired from professional employment because of length of service or physical disability). Should you feel you qualify for Emeritus, please provide more information. \_\_\_\_\_

**How did you hear about SOMA?** \_\_\_\_\_

### PAYING FEES—Please print legibly

Amount: \$ \_\_\_\_\_

Check #: \_\_\_\_\_

- MasterCard     Visa
- Amex             Discover

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Cardholder Signature

### Please return this form and TOTAL AMOUNT DUE to:

SOMA  
4400 College Blvd., Ste. 220  
Overland Park, KS 66211

Questions? Contact the SOMA Executive Office at  
**913-222-8659**

or [SOMA@kellencompany.com](mailto:SOMA@kellencompany.com)

## MILITARY MEMBERS-Check all that apply

### NAVY and MARINES

BUMED  NAMI  NAMRU  NEMTI  NHRC  NMETC  Navy Other: \_\_\_\_\_  
NMLC NOMI  ONR USMC Other: \_\_\_\_\_ DOD Other: \_\_\_\_\_

**SPECIALTY DEMOGRAPHIC CHOICES** 8401 8402 8403 8404 8406 8409 8425  
8427 8432 8493 Other \_\_\_\_\_

### ARMY

MEDCOM AMEDDC&S MRMC USACEHR USADTRD USAISR USAMMA 6MLMC USAMMDA  
USAMRAA USAMRD USAMRICD USAMRIID USAPHC USARIEM USARL WRIR

**SPECIALTY DEMOGRAPHIC CHOICES** 18D 38B-W4 68W 68W-W1 68W-W2 68J 68R 68T  
68X 68Z 68-Other \_\_\_\_\_ 18-Other \_\_\_\_\_ 38-Other \_\_\_\_\_

### USAF

AFMSA AFMOA AF Other \_\_\_\_\_ DOD-Other \_\_\_\_\_

**SPECIALTY DEMOGRAPHIC CHOICES** 1T2X1 4NOX1 4A1XX 4NOXX 4EOXX

**MILITARY RANK** - E1 E2 E3 E4 E5 E6 E7 E8 E9 W1 W2 W3 W4 W5  
O1 O2 O3 O4 O5 O6 O7 O8 O9 O10

**SOF COMPONENT CHOICES** USSOCOM USASOC NSWC AFSOC MARSOC JSOC SOCAF SOCCENT SOCEUR  
SOCKOR SOCNORTH SOC SOUTH NSHQ

## CIVILIAN MEMBERS—Check all that apply

### **In what area of MEDICAL SERVICE do you work?**

Fire Dept Rescue Squad Private Ambulance Critical Care Transport Industrial/Commercial County/Municipal  
Police Dept Air Medical Hospital Tribal EMS Other \_\_\_\_\_

### **POSITION/TITLE**

EMT Paramedic EMS Educator EMS Training Coordinator EMS Supervisor/Manager/Director/Chief Nurse  
Firefighter EMT Firefighter Paramedic EMS Operations/Dispatch Critical Care Paramedic Flight Paramedic Medical  
Director specialty-Physician Area: \_\_\_\_\_ Other \_\_\_\_\_

### **EMS CERTIFICATION**

Paramedic AEMT EMT-1 EMT EMR/First Responder FP-C TP-C ATP SO-TP SO-TR CCP-C

## ALL MEMBERS—Check all that apply

### **DOD Status**

Active Duty Reserve National Guard DOD Civilian

### **DOD Civilian Rank**

GS1 GS2 GS3 GS4 GS5 GS6 GS7 GS8 GS9 GS10 GS11 GS12 GS13 GS14 GS15

### **Please select all of the following government agencies that you work for.**

DHA DMMPO AFMES ASD/HA DARPA DLA JTS TRICARE USUHS WHMO DHS DHS-FEMA  
DHS-TSA DHS-U.S. CUSTOMSBP DHS-U.S. COAST GUARD DOJ DOJ-FBI DOJ-U.S. MARSHALLS DOJ-ATF  
DOJ-DEA DOS USAID DOI DOI-IA DOI-NPS DOT NHTSA VA HHS HHS-CDC  
HHS-FDA HHS-NIH HHS-PHS NASA Dept. of Energy Dept. of Education

Other Gov. Agency \_\_\_\_\_