

SOMA MEMBERSHIP REINSTATEMENT

Membership Calendar: January 1-December 31



Step 1 – Update contact information

Full Name: _____ *ID Number: _____

Affiliation/Organization: _____

Preferred Mailing Address: _____

City, State, Zip: _____

Preferred Phone: _____

Email: _____

Step 2: Select Membership Category (that best fits your current responsibilities-see [website](#) for descriptions)

- | | |
|--|--|
| <input type="checkbox"/> \$125 – Medic (enlisted military medic) | <input type="checkbox"/> \$125—Medic (TEMS medic and medical students) |
| <input type="checkbox"/> \$250— Professional/RN/PA/Pharmacist | <input type="checkbox"/> \$350—Physicians |
| <input type="checkbox"/> \$150—Student | <input type="checkbox"/> \$200—Resident |
| <input type="checkbox"/> \$200—Fellow | <input type="checkbox"/> \$150—Emeritus |

Expected Graduation Date: _____

Step 3: Indicate Payment:

- Check Visa MasterCard Discover American Express

Card Number: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

Total Due \$ _____

Step 4: Select Auto-Pay

- SOMA now offers auto-pay, a convenient and secure way to pay your membership dues. When you choose auto-pay, you will be enrolled with the credit card information provided above. When it is time for your dues to be renewed next fall you will receive a reminder, but can sit back and relax knowing your payment will be made. Please contact our office if you prefer to use ACH withdrawal for auto-pay.

By paying these fees you are opting to receive electronic communication from SOMA. Please contact the SOMA Executive Office at SOMA@kellencompany.com if you would like to opt out.

To Pay By Credit Card - Complete the information above and [email](#).

To Pay By Check - Mail to:

SOMA
P.O. Box 723248
Atlanta, GA 31139

Please note, reinstatement may take 7-10 days to process.

Complete the reverse side of this form **only if your demographics need updated.**

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 _____