

SOMA MEMBERSHIP RENEWAL

Membership Calendar: January 1-December 31



First Name

Middle Initial

Last Name

Company

Address

City State Zip

Email Address

Business Phone

Mobile Phone

SELECT ONE

- \$150—Medic** (enlisted military medic)
- \$150—Medic** (TEMS medic and medical students) Civilian EMT, tactical medical emergency support medics, and healthcare industry students
- \$225— Professional/RN/PA/Pharmacist** (medical professional, PA, NP, nurses, physical therapists, allied health Professional, and international practitioners who are not military medics or physicians).
- \$325—Physicians** ((Allopathic [MD] and osteopathic [DO] physicians)
- \$125—Student/Resident/Fellow** (individuals who are currently students or in resident or fellowship programs. Individuals applying for this category of membership will be required to provide the anticipated date of his/her graduation or program completion).
- \$125—Emeritus** (individuals who were previously medic, professional, or physician members who have retired from professional employment because of length of service or physical disability).

Please print legibly

Amount: \$ _____

Check #: _____

MasterCard Visa

Amex Discover

Card Number

Expiration Date

Cardholder Name

Cardholder Signature

To Pay By Credit Card

Complete the information to the left and fax to 913-222-8606. You may also mail to the address below.

To Pay By Check

Please return this form with the appropriate amount due for your member type. Mail to:

SOMA
P.O. Box 723248
Atlanta, GA 31139

Questions? Contact the SOMA Executive Office [via email](#) or phone, 913-222-8659.

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

Notes:

- Reinstatement may take up to 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 _____