

# SOMA MEMBERSHIP RENEWAL



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**

- \$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).

**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

**By Fax: (with credit card info only)**  
913-222-8606

**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

01 02 03 04 05 06 07 08 09 10

**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 \_\_\_\_\_