



California EMS Educators Association 2024 Annual Membership Dues

First Name:	Last Name:
College/Department:	
Address:	
City:	State/Zip:
Office Phone:	Mobile Phone:
Email:	
<input type="checkbox"/> Regular Membership (Institutional Membership)	
<input type="checkbox"/> Associate Membership	

Electronic Option: Please complete and email this form, and make payment via Zelle of \$25 per member.

Zelle account: treasurer@cemsea.org



Mail Option: Please complete and mail this form, along with a check for \$25 per member to:

**California EMS Educators Association
c/o Treasurer
PO Box 320411
San Francisco, CA 94132**

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If you have any questions, please contact the CEMSEA Treasurer:

Eric Marxmiller
emarxmiller@stanford.edu
treasurer@cemsea.org
415-323-0367