



Application for Membership North Carolina Tactical Medical Association

Renewal

New Application

Date: _____

Name: _____

Title: _____

Mailing Address: _____

Email: _____
Important! NCTMA will communicate primarily via email.

Phone: _____ Fax: _____

Primary employment / position: _____

Tactical team affiliation / position: _____

Involvement: *(check all that apply)*

- Military Medical operator Supervisor Vendor / Manufacturer
 Civilian Tactical operator Educator Other: _____

Medical Training: *(check all that apply)*

- EMT-Basic EMT-Paramedic EMT-Tactical *(or equivalent)*
 Nurse Physician's Asst. Physician
 None Other: _____

Membership Category: *(choose one)*

- Individual – medic (\$20) Team Membership (\$50 up to 5 members, \$10 each for 6 or more)
 Individual – physician (\$50) *(Team memberships – send an application form for each member.)*

Referred by NCTMA member: *(if yes, list member's name)* _____

*Note: Membership rates are subject to change as the needs of the organization require. Make checks payable to "NCTMA"
Mailing address: NCTMA, PO Box 1317 Youngsville, NC 27596*

www.NCTMA.net

Admin. use only:	Received:	Approved:	/	Exp:
------------------	-----------	-----------	---	------