



**APPLICATION FOR MEMBERSHIP**

**ORGANIZATION DATA**

Organization Name \_\_\_\_\_

Type of Organization:     Volunteer     Hospital     Government     Private  
    Public Utility Model     Vendor / Associate

Service License Level:     SP     I-B     I-A     Int.     P     Air

License Number: \_\_\_\_\_ Service Area / County: \_\_\_\_\_

**CONTACT INFORMATION**

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact E-mail(s):

Name	E-mail Address	Position/Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MEMBERSHIP DUES:**

Affiliate Membership .....	\$100 per year	Volunteer (non-billing) Providers .....	\$25 per year
BLS Licensed Providers ...	\$200 per year	ALS Licensed Providers .....	\$400 per year

Note: Dues must be paid at the rate for the highest level of licensure maintained by the provider. Providers who have operations bases in multiple counties must pay dues for each county. For questions regarding membership dues, please contact the ArAA Secretary at (870) 875-2273.

**AFFIDAVIT OF MEMBERSHIP**

By applying for membership with the Arkansas Ambulance Association, a 501c(6) not-for-profit corporation, I understand that acceptance of membership is subject to approval by the Board of Directors in accordance with the By-laws of the organization. I further understand that a portion of my membership dues may be used for direct lobbying expenses and, therefore, under IRS regulations, cannot be considered tax deductible. I certify that the above information is true and correct and that the ArAA may confirm such information with the Arkansas Department of Health, Office of EMS and Trauma Systems. I further understand that dues are paid on an annual basis and are not prorated. All memberships expire August 31 each year. Dues are non-refundable and non-transferable.

By/Title: \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:** Payment Amount \$ \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Item No. \_\_\_\_\_