



Arizona Ambulance Association
P.O. Box 1856, Scottsdale, Arizona 85252-1856

Application for Membership

Applicant Information:

Company Name: _____ Con # _____
Address: _____
City: State: Zip: _____
Phone: Fax: _____
Requestor Name _____
Requestor Title: _____
Requestor email: _____

Type of Membership (Choose one):

A. General Member: (Certificated ground and/or licensed air ambulance providers)
Number of Registered Ground Ambulances x \$60 = \$ _____
Number of Registered Air Ambulances x \$60 = \$ _____
Region (check one): Air _____ Central _____ Western _____ Southern _____ Northern _____

B. Affiliate Member: (ancillary and support service organizations and others whose Activities augment or contribute to the provision of ambulance services or EMS).
Annual Dues \$200.00

C. Total Amount Enclosed from A or B above: = \$ _____

Contact Person and Info (if different from above):

Contact Name _____
Contact Title: _____
Contact email: _____

Please send this form with check to:

Arizona Ambulance Association
P.O. Box 1856 Scottsdale, Arizona 85252-1856
Contact: Joe Gibson at e-mail: azaa_treasurer@cox.net

Annual membership fees **are due and payable on November 1st of each year and shall become past due on December 1st of each year.** General members who have not paid their dues by December 1st will not be eligible to vote at the annual association meeting typically held in January of the following year. General members will only be eligible to vote at subsequent association meetings if they have fully satisfied their financial obligations to the association at least 30 days prior to the meeting.