



# MEMBERSHIP APPLICATION

4933 Bailey Loop • McClellan, CA 95652  
916.921.4094 • Fax 916.921.4098

## PROGRAM INFORMATION - Please fill out completely.

Program Name: \_\_\_\_\_

Base Location(s): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Nonprofit Tax ID#: \_\_\_\_\_

Please Specify: Rotor \_\_\_\_\_ Fixed Wing \_\_\_\_\_ Ground Ambulance \_\_\_\_\_

## MEMBERSHIP DUES

ANNUAL RENEWING MEMBER \$500/year

**Membership Criteria:**

- 1) Nonprofit program as defined by AAMMP Bylaws.
- 2) Flight Program is a member of AAMS.
- 3) Flight Program is CAMTS certified or in the process of certification.
- 4) Must have legal authorization to operate a membership program in your state.

## DESIGNATED OFFICIAL AAMMP VOTING REPRESENTATIVE

Designated AAMMP Official Voting Representative: \_\_\_\_\_

Alternate AAMMP Voting Representative: \_\_\_\_\_

Proxy Office Phone: \_\_\_\_\_

Proxy Email: \_\_\_\_\_

By signing this application for membership in AAMMP, I certify that my program complies with AAMMP's eligibility criteria.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please include the following with your application:

- 1) Not-For-Profit Determination Letter
  - 2) Proof of CAMTS Certification
  - 3) Proof of AAMS Membership
- Association of Air Medical Membership Programs • 4933 Bailey Loop • McClellan, CA 95652