NEW MAILING ADDRESS: P.O. Box 28442 ◆ Scottsdale, AZ 85255
Phone: 623-847-4100 • FAX: 480-452-0469 • Email: info@aems.org
Website: www.aems.org

2008 AEMS Membership - Organization Application

Name of Organization: _____ Date: _____

Address: _____

Phone: _____ Fax: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

As an organizational member, you are entitled to appoint five individuals, who are members of your organization, to represent you as AEMS member. The above contact person should appear on line one:

1. _____
2. _____
3. _____
4. _____
5. _____

Type of Membership and Dues

Which type of membership category best describes your organization? Check only one:

Hospitals / Licensed Care Facility	***Annual Dues***	***Two Year***
_____ Urban or Suburban Hospital / Medical Center	$1,500	$2,700
_____ Rural Hospital (serving population less than 100,000)	$500	$900
_____ Urgent Care Clinic	$375	$675

***NOTE: Hospital/Licensed Care Facility membership dues are intended to cover one hospital/facility not the entire system.**

(over)

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Fire Department / Fire Districts	***Annual Dues***	***Two Year***
_____ Serve population greater than 300,000	$1,500	$2,700
_____ Serve population of 100,000 - 300,000	$1,000	$1,800
_____ Serve population less than 100,000	$500	$900
_____ Serve population less than 50,000	$250	$450

If Fire Department / Fire District provides Ground Ambulance Transport, add $250 to dues total for a maximum of $1,500 in dues paid.

Air and Ground Transport Agencies	***Annual Dues***	***Two Year***
Aeromedical (rotary or fixed wing)	$1,500	$2,700
Ground Ambulance serving mostly urban	$1,500	$2,700
Ground Ambulance serving mostly rural	$500	$900

Education and Community Organizations	***Annual Dues***	***Two Year***
Educational Institutions	$300	$540
Organizations serving urban / statewide	$500	$900
Organizations serving rural	$250	$450

Payment of Dues

Please make check or money order payable to AEMS, Inc.

_____ Full Annual Payment of $ _____ for 2008 is enclosed.

_____ *Request Board of Governors to reduce or waiver dues. Please explain below:

_____

_____

_____

_____

*The AEMS Board of Governors will reduce or waive membership dues in certain circumstances.

Please contact the AEMS office for information or assistance in completing your application.

THANK YOU FOR YOUR CONTRIBUTION AND SUPPORT!

For Office Use:

Thank you letter sent: _____ Board Action Date: _____