



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

2010 AEMS Membership - Organization Application

Name of Organization: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

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:

<i>Hospitals / Licensed Care Facility</i>	<i>Annual Dues</i>	<i>Two Year</i>
_____ Urban or Suburban Hospital / Medical Center	\$1,500	\$2,700
_____ Rural Hospital (serving population less than 100,000)	\$500	\$950
_____ Urgent Care Clinic	\$375	\$700

(over)

2010 AEMS Membership - Organization Application

*Fire Department / Fire Districts / EMS Department	Annual Dues	Two Year
_____ Serve population greater than 300,000	\$1,500	\$2,800
_____ Serve population of 100,000 - 300,000	\$1,000	\$1,900
_____ Serve population less than 100,000	\$500	\$950
_____ Serve population less than 50,000	\$250	\$450

***If Fire Department / Fire District provides Ground Ambulance Transport, add \$250 to annual dues total (or \$450 for two year) for a maximum of \$1,500 in annual dues paid (or \$2,800 for two year).**

Air and Ground Transport Agencies	Annual Dues	Two Year
Aeromedical (rotary or fixed wing)	\$1,500	\$2,800
Ground Ambulance serving mostly urban	\$1,500	\$2,800
Ground Ambulance serving mostly rural	\$500	\$950

Education and Community Organizations	Annual Dues	Two Year
Educational Institutions	\$300	\$550
Organizations serving urban / state-wide	\$500	\$950
Organizations serving rural	\$250	\$450

**Payment of Dues

Please check and complete the appropriate box information:

Annual Dues Payment	Two Year Dues Payment
<input type="checkbox"/> Full Annual (2010) Payment \$ _____	<input type="checkbox"/> Two Year (2010-11) Payment \$ _____
OR	
<input type="checkbox"/> Full Annual (2010) Payment for Fire Department / Fire District that provides Ground Ambulance Support (for a maximum total of \$1500 in annual dues to be paid) \$ _____ + \$250 = \$ _____	<input type="checkbox"/> Two Year (2010-11) Payment for Fire Department / Fire District that provides Ground Ambulance Support (for a maximum total of \$2,800 in two year dues to be paid) \$ _____ + \$450 = \$ _____

Make checks payable to AEMS and return with form to: PO Box 28442 ♦ Scottsdale, AZ 85255

**Please contact AEMS to request reduction or a waiver of dues

THANK YOU FOR YOUR CONTRIBUTION AND SUPPORT!