

# OKAMA- Oklahoma Ambulance Association

## 2010 Active Membership Application

Effective January 1, 2010—December 31, 2010

### Article III; Section 1 & 2—Membership

#### Section 1. Membership Criteria

Eligibility for membership shall be approved by a majority vote of the Board of Directors and shall not be denied for reason of race, color, religion, sex, age or national origin. Membership will be open to any organization or entity meeting the criteria established in Section 2, [Classes of Membership], and willing to abide by the by-laws of the association.

#### Section 2. Classes of Membership

##### Active Membership:

Any Oklahoma organization engaged in the business of providing fee for service ground ambulance transportation which meets the standards of the Board of Directors, and is not eligible for any other membership category. Each active member organization shall designate a single representative who shall retain the sole authority and privilege of the member for the purposes of voting on official business of the Association. Only active members can vote.

##### Membership dues:

Your dues are calculated by the number of transports your service had (or is expected to have) for the previous year, (2009). Please use the following formula to calculate your 2010 Membership dues. NOTE: If your company had 100 transports or less your membership is free, if you pay \$2,500 or more your company will receive unlimited free attendance at the two OKAMA conferences, please complete and return the form for Active OKAMA membership

*If your service transports less than 2000 annual transports:*      # of transports      \_\_\_\_\_ X .50 = \_\_\_\_\_

OR

*If your service transports greater than 2001 annual transports:*      0 to 6000 transports      \_\_\_\_\_ X .60 = \_\_\_\_\_

*PLUS*      6001+ transports      \_\_\_\_\_ X .15 = \_\_\_\_\_

Maximum dues \$4,250.00, per State License number      *Total amount due:* \_\_\_\_\_

Membership Information:      Number of Ambulances your service has: \_\_\_\_\_ Ground \_\_\_\_\_ Air if applicable

Service Name: \_\_\_\_\_

Director: \_\_\_\_\_ Contact person: \_\_\_\_\_

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

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

Business phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Please copy this form for your records and return the original form with your membership dues to:

OKAMA-Oklahoma Ambulance Association  
Attn: Steve Athey, Association Coordinator  
2504 W. Owen K. Garriott #302  
Enid, OK 73703  
(866)464-7799

Date Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check #: \_\_\_\_\_