

**OKAMA- Oklahoma Ambulance Association**  
**2012 Associate Membership Application**  
Effective January 1, 2012—December 31, 2012

**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**

**Associate Membership:**

Any entity engaged in the business of providing ambulance service or public safety services which are—operated fire departments, aeromedical services or ambulance services which are staffed predominately by unpaid volunteers.

Associate members cannot be eligible for Active Membership. Associate Members shall not have any voting rights, shall not hold office or serve on the board.

\*Associate Membership fee for Aeromedical Services:  
\$1,250.00 per year for any Aeromedical service

due: \_\_\_\_\_

\*Associate Membership fee for Operated Fire Departments/Amb. Svc. Staffed unpaid volunteers:

**Membership dues:**

Your dues are calculated by the number of transports your service had (or is expected to have) for the previous year, (2008).

Please use the following formula to calculate your 2009 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 Associate 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:**

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  
2504 W. Owen K. Garriott #302  
Enid, OK 73703  
(866) 464-7799

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

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

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