



# MEMBERSHIP APPLICATION

## Thank you for your interest in joining the California Ambulance Association!

We look forward to your active participation and involvement so that we can work together to protect, promote and preserve our profession, foster the growth of our businesses, and continue to advance the effectiveness of the association. Thank you again and we look forward to your membership and involvement.

## MEMBERSHIP CATEGORIES

Please select one of the membership categories below.

**Active Member (\$500 per licensed ambulance, maximum amount of \$17,500 annually)** – Any person, partnership, or duly existing and qualified corporation conducting and operating a private ground ambulance business for profit or non-profit. Only Active members shall have the right to vote and hold office.

**Non-Emergency Member (\$250 per licensed ambulance, maximum amount of \$17,500 annually)** – A ground ambulance service that is certified or authorized by the County EMS Agency and provides and bills only for non-emergency ground ambulance transport services except when emergency transport is required due to disaster, mass casualty or mutual aid request. Non-emergency companies may opt to join as active members, which entitles them to vote and hold office.

**Public Agency Member (\$500 per licensed ambulance, maximum amount of \$17,500 annually)** – An ambulance service owned/operated by a government entity.

**Associate Member (\$750 annually)** – Volunteer Ground Ambulance Service; an Air Ambulance Service; a county or regional emergency medical services agency; or an ambulance service which operates wholly outside of California.

**Commercial Member (\$750 annually)** – Any person, partnership or duly existing and qualified corporation, manufacturing, renting, selling equipment or providing services used by private professional ambulance providers.

## COMPANY INFORMATION (All Members)

Company Name (Legal Name and Any DBAs): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

CEO/President: \_\_\_\_\_ Add as primary or additional contact: Yes  No

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

## MEMBER DATA (Active and Non-Emergency Members Only)

CHP License # (include copy of CHP license): \_\_\_\_\_ # of CHP Licensed Ambulances: \_\_\_\_\_

Counties served: \_\_\_\_\_

Services provided:  Primary 9-1-1  Inter-facility  CCT  Gurney Van  Wheel Chair  Air

**Additional Companies/Divisions** - Please attach a list of additional ambulance companies and/or operating divisions owned by this entity. Include name, contact person, address, phone number, email, number of licensed ambulances and counties served. The primary membership with a vote is based on the company with the greatest number of licensed vehicles. Members may maintain active membership status on any additional companies listed for which they are willing to pay full dues.

## REFERENCES (Active and Non-Emergency Members Only)

All Active and Non-Emergency Member applications require the submission of two letters of reference. A reference letter template is available at [www.the-caa.org](http://www.the-caa.org).

Local EMS Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Hospital Reference: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Health Care's Essential First Responders**



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## COMMERCIAL MEMBER DESCRIPTION

Please describe your company's products and/or services in approximately 25 words or less.

Company Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STANDARDS OF CONDUCT (All Members)

In order to be considered for membership and to retain membership in good standing, no person or organization can be found to have violated any one or more of the following standards:

- 1) Conviction of any Federal, State or local laws, including fraud, larceny, bribery, or other egregious felonies that would have deleterious effects on the ambulance industry.
- 2) Falsification of any information submitted to the Association.
- 3) Failure to meet any financial obligation justly due the Association.
- 4) Willful acts to discredit the Association.
- 5) Representing the Association or expressing an opinion in the name of the Association without official authority.
- 6) Theft or misappropriation of any property or any act to defraud the Association.
- 7) Any inappropriate use of Association materials, resources, and/or information.

I understand that only Active Members representing private for profit or non-profit ambulance services are entitled to hold office and vote, and that this application is subject to the approval of the Board of Directors of the California Ambulance Association after it has been reviewed by the Ethics and Professionalism Committee. If this application is not accepted, my application fee is not refundable. Until such time, I shall be designated as a member applicant. If approved for membership, I pledge to conform to the Articles of Incorporation, Bylaws, Standard of Conduct, professional standards and other official acts of the California Ambulance Association.

By: \_\_\_\_\_ Title: \_\_\_\_\_

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

## PAYMENT INFORMATION

Members may opt to pay dues on a monthly or annual basis. For members paying dues monthly, please add a 10% surcharge to the dues amount. For members paying dues annually, first year dues shall be paid in full and the second year's dues will be prorated based upon the date of formal acceptance of membership. The membership renewal period occurs in December and annual dues are paid at that time. Payment of one month's dues is required with submittal of membership application. Following membership approval, new members will receive an invoice for the balance.

AMOUNT DUE: \$ \_\_\_\_\_

Please select appropriate box:  Visa  Master Card  American Express  Check enclosed (payable to CAA)

Account number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

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

## CHECKLIST

- Membership Application  2 Reference Letters  Membership Dues  Copy of CHP License  Payment Information

## AUTHORIZATION (All Applicants)

I attest, to the best of my knowledge, that the information submitted on this application is true and accurate. I request and authorize you to furnish the California Ambulance Association any and all information that you have concerning my firm. This information is to be used to assist the Association in determining my qualifications for membership. I hereby release you, your organization, or others from any liability or damage that may result from furnishing the information requested on this form.

By: \_\_\_\_\_ Title: \_\_\_\_\_

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

*Please submit your completed application and all fees to California Ambulance Association, 2520 Venture Oaks Way, Suite 150, Sacramento, CA 95833. If you have questions, please call 877.276.1410 or email info@the-caa.org. CAA dues are not tax deductible as charitable contributions. Pursuant to the Federal Reconciliation Act of 1993, association members may not deduct as ordinary and necessary business expenses, that portion of association dues dedicated to direct lobbying activities. Based upon the calculation required by law, only 50% of the dues payment should be treated as nondeductible by CAA members. Check with your tax advisor for tax credit/deduction information.*