

Arizona Ambulance Association

P.O. Box 1856, Scottsdale, Arizona 85252-1856

Phone: 480-627-6111 Fax: 480-627-6526

Application for Renewal

Applicant Information:

Company Name: _____ Con # _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Requestor Name _____
Requestor Title: _____
Requestor email: _____

Type of Membership (Choose one):

A. **General Member:** (Certificated ground and/or licensed air ambulance providers)

Number of Registered Ground Ambulances x \$50 = _____

Number of Registered Air Ambulances x \$50 = _____

Region Air Central Western Southern Northern

B. **Affiliate Member:** (ancillary and support service organizations and others whose activities augment or contribute to the provision of ambulance services or EMS).

Annual Dues \$200.00 = _____

C. **Total Amount Enclosed from A or B above:** = _____

Contact Person and Info (if different from above):

Contact Name _____
Contact Title: _____
Contact email: _____

Please send this form with check to:

Arizona Ambulance Association

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Phone: 480-627-6111 Fax: 480-627-6526

Contact Joe Gibson at e-mail: joe_gibson@rmetro.com