

Maine Ambulance Association Membership Application

Referral Source: MAA Member MAA Web Site Other

Name of Organization		
EMS Service Type (Select One Only)	<input type="checkbox"/> TRANSPORTING <input type="checkbox"/> NON-TRANSPORTING <input type="checkbox"/> AFFILIATE MEMBERSHIP (Unlicensed or Out of State Service)	
Organization Type (Select One Only)	<input type="checkbox"/> BUSINESS <input type="checkbox"/> FIRE DEPARTMENT <input type="checkbox"/> GOVERNMENT (Non-Municipal) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> LABOR ORGANIZATION <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> PRIVATE FOR PROFIT <input type="checkbox"/> PRIVATE NOT FOR PROFIT	
Affiliate Member or Call Volume <= 5,000 calls Delegate #1 (Name and Title)	5,001- 10,000 calls Delegate #2 (Name and Title)	>10,000 calls Delegate #3 (Name and Title)
Alternate #1 (Name and Title)	Alternate #2 (Name and Title)	Alternate #3 (Name and Title)
Business Phone	Business Phone	Business Phone
Fax	Fax	Fax
e-mail	e-mail	e-mail
URL	URL	URL
<i>Does your organization believe in and subscribe to the mission and objectives of the Maine Ambulance Association?</i>		
Service Director Sign Below		Date
MAIN OFFICE MAILING ADDRESS		
TOTAL AMOUNT DUE (see table below, the MAA FY is July 1 – June 30)----- >		

Call Volume	FY2007	FY2008
0-500	\$ 195	\$225
501-1500	\$ 390	\$450
1501-2500	\$ 585	\$675
2501-5000	\$ 780	\$900
5001-10000	\$ 1250	\$1500
10001+	\$1250	\$1750

SEND PAYMENT TO:

MAINE AMBULANCE ASSOCIATION
P.O. BOX 202
WATERVILLE, ME 04903-0202

(MAINE AMBULANCE ASSOCIATION USE ONLY)

Date Rec'd	Check #	\$ Amt Rec'd	Call Volume
Approved	Notified	Membership Year	Initials

