

# AMERICAN AMBULANCE ASSOCIATION

## 2025 Membership Application

 New Membership

 Renewal / Reactivation

Organization Name

Address

Primary Contact Name

Email

Job Title

### Calculate Dues

Description	Line Total
Annual Ground Ambulance Transports # _____ Annual Ground Transports X Rate Below <ul style="list-style-type: none"> <li>Single State Providers: \$578 Minimum, \$12,900 Cap. Single-state per-transport rate is \$0.37 for for-profit, non-profit, hospital-based, and governmental services.</li> <li>Multistate Providers: \$12,900 Minimum, \$120,000 Cap. Multistate per-transport rate is \$0.17.</li> <li>Volunteer-staffed providers: \$262.50 Minimum. Volunteer per-transport rate is \$0.17.</li> </ul> <i>Note: Fire-based services have full access to benefits but do not vote in association board elections.</i>	
Annual Air Ambulance Transports	\$1.00 x _____ Annual Air Transports (All provider types.)
Vendor Membership	<input type="checkbox"/> \$2500 Membership Only <input type="checkbox"/> \$6000 Membership + Annual Conference 10x10 Booth <input type="checkbox"/> \$6000 Membership + Annual Conference Vehicle Space Conference in Lexington, KY June 22–24, 2025
State Ambulance or EMS Association	\$600
<b>Total</b>	

### Required for Ambulance Providers Only

Check All That Describe Your Organization:

<input type="checkbox"/> For-profit	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Hospital-Based	<input type="checkbox"/> Fire-Based	<input type="checkbox"/> Governmental	<input type="checkbox"/> Public Utility Model	<input type="checkbox"/> Primarily Air Medical	<input type="checkbox"/> Primarily Volunteer-Staffed
<input type="checkbox"/> Serves Urban Areas	<input type="checkbox"/> Serves Rural Areas	<input type="checkbox"/> Serves Super-Rural Areas	<input type="checkbox"/> 911 Provider	<input type="checkbox"/> 911 Backup Provider	<input type="checkbox"/> Offers Non-Emergency	# of States Served	
% of Ground Transports that are Emergency		%	% of Ground Transports that are Non-Emergency		%	# Ground Ambulances	

### Payment Details

<input type="checkbox"/> Credit Card #	<input style="width: 300px;" type="text"/>	Exp Date	<input style="width: 100px;" type="text"/>
Zip Code	<input style="width: 50px;" type="text"/>	CVV2	<input style="width: 50px;" type="text"/>
		Signature	<input style="width: 200px;" type="text"/>
<input type="checkbox"/> Check #	<input style="width: 150px;" type="text"/>		

RETURN INVOICE & PAYMENT TO:  
 American Ambulance Association  
 PO Box 96503 #72319  
 Washington, DC 20090-6503

QUESTIONS?  
[www.ambulance.org](http://www.ambulance.org)  
 202-802-9020  
[hello@ambulance.org](mailto:hello@ambulance.org)

Thank you for your support of the American Ambulance Association.

50% of dues are allocated to lobbying. EIN#06-0924858

Updated October 15, 2024