

Maine Ambulance Association Membership Application

Referral Source: MAA Member MAA Web Site Other

Name of Organization		
EMS Service Type (Select One Only)	TRANSPORTING Service)	NON-TRANSPORTING AFFILIATE MEMBERSHIP (Unlicensed or Out of State)
Organization Type (Select One Only)	BUSINESS INDUSTRIAL SCHOOL	FIRE DEPARTMENT LABOR ORGANIZATION PRIVATE FOR PROFIT GOVERNMENT (Non-Municipal) MUNICIPAL PRIVATE NOT FOR PROFIT HOSPITAL
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)----- >		

<u>Call Volume</u>	<u>FY2007</u>	<u>FY2008</u>	SEND PAYMENT TO:
0-500	\$ 195	\$225	MAINE AMBULANCE ASSOCIATION P.O. BOX 202 WATERVILLE, ME 04903-0202
501-1500	\$ 390	\$450	
1501-2500	\$ 585	\$675	
2501-5000	\$ 780	\$900	
5001-10000	\$ 1250	\$1500	
10001+	\$1250	\$1750	

(MAINE AMBULANCE ASSOCIATION USE ONLY)

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

