



Active Membership Application

Member Information Form

About You: Complete this section in its entirety.

Please PRINT clearly

EMS Service Name: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____

Business Phone: () _____ Fax: () _____

Email Address: _____

Web Address: _____

Director/Manager: _____ Cell Phone: () _____

Population Served:
Check the appropriate box

Under 500	500 - 1,000	1,001 - 3k	3K - 5K	5K - 20K	20K +
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Who is the Senator who serves your area? _____

Who are the House of Representative members in your area? _____

How many ambulances does your service have? How many First Response Units?

What is the nearest hospital your service transports to? _____

Please indicate the number of volunteer and paid staff are on your roster:

<u>Type of Personnel</u>	Full Time	Part Time/Vol		Full Time	Part Time/Vol
Emergency Medical Responder - EMR			Advanced EMT - AEMT		
Emergency Medical Technician - EMT			Paramedic		
EMT-Intermediate/85			EVOC Driver		
Other (specify)					

ARTICLE III - MEMBERSHIP Section

Membership Criteria.

Eligibility for membership shall be approved by a majority vote of the Board of Directors and shall not be denied for reason of race, color, religion, sex, age or national origin. Membership will be open to any organization or entity meeting the criteria established in Section 2 herein, and willing to abide by the by-laws of the Association.

Section 2 A. Active Membership. Any South Dakota organization engaged in the business of providing fee for service ground or air ambulance transportation which meets the standards of the Board of Directors, and is not eligible for any other membership category. Each active member organization shall designate a single representative who shall retain the sole authority and privilege of the member for the purposes of voting on official business of the Association. Only active members can vote.

APPENDIX A: Dues Structure

1. Active Members. Dues apply to each licensed service. If one owner owns more than one service, each service that has an individual state license must pay dues according to the following fee structure:

Ground Service: \$ 75.00 per Service

Aeromedical service: \$ 75.00 per Service

Completed Application can be mailed to:

SD Ambulance Association
PO Box 543
Spearfish, SD 57783

Administration Use Only:

Date Paid: _____ Amt Paid: _____

Check #: _____