



# **Corporate Membership** **Application**

## **Member Information Form**

**About You:** Complete this section in its entirety.

**Please PRINT clearly**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone: (     ) \_\_\_\_\_ FAX #: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

Owner/Manager Name: \_\_\_\_\_

### **ARTICLE III - MEMBERSHIP Section**

### **Membership Criteria.**

Corporate Members. Corporate Members will be given the opportunity to attend meetings of the SDAA membership each year, and will be allowed to submit advertising for publication in SDAA publications each year. The membership will provide the vendor-member a booth space at the annual membership meeting.

**Section 2 D. Corporate Membership.** Corporate Membership shall include companies or individuals that have an interest in the purpose of the SOUTH DAKOTA AMBULANCE ASSOCIATION and that charge for goods or services provided to the membership, but shall not include those eligible for Active or Associate Membership. Corporate Members shall have no voting rights, shall not hold office or serve on the Board of Directors, except in an ex-officio capacity.

- |  |   |
|--|---|
| a. Booth Space available at the Annual Membership Conference & Tradeshow | b. Corporate Membership & Listing on web-site, newsletters and meeting programs |
| c. SDAA Membership mailing lists   | d. Opportunity to network with EMS Administrators across South Dakota           |

Corporate Membership fee: \$ 400.00 annually

**Completed Applications can be mailed to:**

**SD Ambulance Association**  
**PO Box 543**  
**Spearfish, SD 57783**

**Administration Use Only:**

Date Paid: \_\_\_\_\_

Amt Paid: \_\_\_\_\_

Check #: \_\_\_\_\_