



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. There will be an additional \$150.00 charge for each additional booth.

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.

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| 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: \$ 300.00 annually

Completed Applications can be mailed to:

SD Ambulance Association
PO Box 543
Spearfish, SD 57783

Administration Use Only:

Date Paid: _____

Amt Paid: _____

Check #: _____