



OHIO AMBULANCE AND MEDICAL TRANSPORTATION ASSOCIATION

MEMBERSHIP APPLICATION - AFFILIATE CATEGORY

An OAMTA AFFILIATE MEMBER is defined as *Any person, partnership, corporation or other entity engaged in the manufacture, sale, rental or servicing of equipment or furnishing of services utilized in the provision of medical transportation and agreeing to abide by the bylaws of the Ohio Ambulance and Medical Transportation Association.*

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ FAX () _____

E-mail: _____

Type of Product or Service _____

Description of product or services as it will appear in the OAMTA directory. (25-40 words).

I understand that this application is subject to the approval of the Ohio Ambulance and Medical Transportation Association and that until it has been reviewed and acted upon, I understand that I shall be designated a Member-Applicant. Further, I understand that the first year's membership dues shall be payable at the time of this application, and that if for any reason this application is refused, the dues will be refunded in full. If elected to the membership, I pledge to conform to the articles, bylaws, code of ethics, professional standards and other official acts of the Ohio Ambulance and Medical Transportation Association.

Annual membership dues: \$475.

Amount Enclosed _____ Date _____

Signature _____

Title _____

T.I.N. 34-6619511