



P.O. Box 19027 ♦ Fountain Hills, AZ 85269

Phone: 623-847-4100 ♦ FAX: 480-542-6481

Email: [info@aems.org](mailto:info@aems.org) ♦ Website: <https://aems.org/>

## 2024 AEMS Membership Organization Application

### Contact Information

Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Organization EMS Contacts to Include on AEMS Mailing List for notification of meetings and events:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

### Type of Membership and Dues

**Please check the membership category best describes your organization:**

<b><i>Hospitals / Licensed Care Facility</i></b>	<b><i>Annual Dues</i></b>	<b><i>Two Year</i></b>
_____ Urban or Suburban Hospital / Medical Center	\$1,500	\$2,700
_____ Rural Hospital (serving *population less than 100,000)	\$500	\$900
_____ **Hospital Satellite Emergency Center (For First One)	\$500	\$900
_____ For Each Succeeding Satellite Emergency Center of Same Hospital	\$300	\$540
_____ ***Non-Hospital Satellite Emergency Center	\$750	\$1,350

\*population includes catchment area

\*\*Hospital Satellite Emergency Centers must be extensions of a sponsoring hospital under combined management / operations. The sponsoring hospital must be a dues paying member at the time dues are paid by/for the Satellite.

\*\*\*Non-Hospital Satellite Emergency Center are those free standing or satellite emergency centers NOT affiliated/sponsored by a dues paying hospital

**AEMS Membership Form Continued**

<b>*Fire Department / Fire Districts / EMS Department</b>	<b>Annual Dues</b>	<b>Two Year</b>
_____ Serving **population greater than 300,000	\$1,500	\$2,700
_____ Serving **population of 100,000 - 300,000	\$1,000	\$1,800
_____ Serving **population less than 100,000	\$500	\$900
_____ Serving **population less than 50,000	\$250	\$450

**\*If Fire Department / Fire District provides Ground Ambulance Transport, add \$250 to annual dues total (or \$450 for two year) for a maximum of \$1,500 in annual dues paid (or \$2,800 for two year).**

**\*\*population includes catchment area**

<b>Air and Ground Transport Agencies</b>	<b>Annual Dues</b>	<b>Two Year</b>
_____ Aeromedical (rotary or fixed wing)	\$1,500	\$2,700
_____ Ground Ambulance serving mostly urban	\$1,500	\$2,700
_____ Ground Ambulance serving mostly rural	\$500	\$900

<b>Education and Community Organizations</b>	<b>Annual Dues</b>	<b>Two Year</b>
_____ Educational Institutions	\$300	\$540
_____ Organizations serving urban / statewide	\$500	\$900
_____ Organizations serving rural	\$250	\$450

## Payment of Dues

**Please check and complete all information in the appropriate box:**

<b>Annual Dues Payment</b>	<b>Two Year Dues Payment</b>
<input type="checkbox"/> <b>One Year (2024) Payment \$ _____</b>	<input type="checkbox"/> <b>Two Year (2024 &amp; 2025) Payment \$ _____</b>
<b>OR</b>	
<input type="checkbox"/> <b>One Year (2024) Payment for Fire Department / Fire District that provides Ground Ambulance Support</b> (for a maximum total of \$1500 in annual dues to be paid) \$ _____ + \$250 = \$ _____	<input type="checkbox"/> <b>Two Year (2024 &amp; 2025) Payment for Fire Department / Fire District that provides Ground Ambulance Support</b> (for a maximum total of \$2,800 in two year dues to be paid) \$ _____ + \$450 = \$ _____

**Make checks payable AEMS OR provide credit card information and return form to:**

**P.O. Box 19027 ♦ Fountain Hills, AZ 85269 ♦ FAX: 480-542-6481 ♦ pbaker@aems.org**

### Credit Card Information:

**Circle one: Visa MasterCard Discover Number: \_\_\_\_\_**

**Name on Credit Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_**

**You may pay directly online at: <https://aems.org/membership/renew-aems-membership>**

*AEMS is a 501(c) (3) non-profit, charitable organization. Donations to AEMS are tax deductible to the extent allowed by law.*

**THANK YOU FOR YOUR CONTRIBUTION AND SUPPORT!**