

OKAMA- Oklahoma Ambulance Association

2024 Associate Membership Application

Membership Effective January 1, 2024—December 31, 2024

Article III; Section 1 & 2—Membership

Section 1. 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, [Classes of Membership], and willing to abide by the by-laws of the association.

Section 2. Classes of Membership

Associate Membership:

Any entity engaged in the business of providing ambulance service or public safety services which are—operated fire departments, aeromedical services or ambulance services which are staffed predominately by unpaid volunteers.

Associate members cannot be eligible for Active Membership. Associate Members shall not have any voting rights, shall not hold office or serve on the board.

*Associate Membership fee for Aeromedical Services:
\$1,500.00 per year for any Aeromedical Services

due: \$1,500.00

*Associate Membership fee for Operated Fire Departments/Amb. Svc. Staffed unpaid volunteers:

Membership dues:

Your dues are calculated by the number of transports your service had for the previous year, (2022-2023) July to July. Please use the following formula to calculate your 2024 Membership dues. NOTE: If your company had 100 transports or less your membership is free, if you pay \$2,500 or more your company will receive unlimited free attendance at the two OKAMA conferences, please complete and return the form for Associate OKAMA membership.

If your service transports less than 2000 annual transports: # of transports _____ X .50 = _____

OR

If your service transports greater than 2001 annual transports: 0 to 6000 transports _____ X .65 = _____

PLUS 6001 + transports _____ X .25 = _____

Maximum dues \$5,000.00, per State License number *Total amount due:* _____

Membership Information:

Service Name: _____

Director: _____ Contact person: _____

Address: _____

City/ State: _____ Zip: _____

Business phone: _____ Fax: _____

E-Mail address: _____

Please copy this form for your records and return the original form with your membership dues to:

OKAMA– Oklahoma Ambulance Association
Attn: Membership
2504 W. Owen K. Garriott #302
Enid, OK 73703

Date Paid: _____

Amount Paid: _____

Check #: _____