

# OKAMA- Oklahoma Ambulance Association

## 2023 Associate Membership Application

Membership Effective January 1, 2023—December 31, 2023

**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, (2021-2022) July to July. Please use the following formula to calculate your 2023 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: Steve Athey  
 2504 W. Owen K. Garriott #302  
 Enid, OK 73703

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

Amount Paid: \_\_\_\_\_

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