



MEMBERSHIP APPLICATION

SECTION A – INTRODUCTION

Thank you for your interest in joining the California Ambulance Association!

The California Ambulance Association (CAA), formed in 1948, represents emergency and non-emergency ambulance services. CAA members include independent organizations providing ambulance transportation services in nearly every county of the state of California. The CAA's goals are to:

- serve as a voice and resource for ambulance services;
- promote high quality, efficient and medically appropriate patient care;
- advocate for the value that pre-hospital care provides in achieving positive patient outcomes;
- promote effective and fiscally responsible EMS systems; and
- encourage the highest standards of ethics and conduct.

The CAA is dedicated to advance the delivery of excellent pre-hospital care to the people of California by promoting recognized industry best practices. The CAA also actively represents its members regarding regulatory and legislative issues that impact ambulance providers including such critical issues as Medi-Cal reimbursement rates.

An association is only as strong as its membership and we are excited about the many opportunities that lie ahead. We look forward to your active participation and involvement so that we can work together to **protect, promote and preserve our profession**, foster the growth of our businesses, and continue to advance the effectiveness of the association. Thank you again and we look forward to your membership and involvement!

SECTION B – MEMBERSHIP CATEGORIES:

Section B is to be completed by all applicants. Please select one of the membership categories below.

Active Member – An Active Member of the Association shall be a private ground ambulance company conducting business in the State of California. A private ground ambulance company is defined as any person, partnership, or duly existing and qualified corporation conducting and operating a private ground ambulance business for profit or non-profit. Members owning more than one (1) Company shall list all companies owned and the number of licensed vehicles of each company. The primary active membership shall be based on the company with the greatest number of licensed vehicles. Additional companies will be maintained in the records of the Association and listed in all official publications. Members may maintain active membership status on any additional companies listed for which they are willing to pay full active member dues. The Executive Offices of CAA must be notified of any changes in ownership or number of licensed vehicles within thirty (30) days. Only Active members shall have the right to vote and hold office. Dues are based on number of licensed ambulances owned and independently verified by CHP. Annual Dues = See Section I for Dues Schedule

Associate Member – Public Agency Ground Ambulance Service, Volunteer Ground Ambulance Service, Not-for-Profit Public Ground Ambulance Service and Private, Volunteer or Public Air Ambulance Services are eligible for Associate Member status in the Association, without the right to hold office or vote. Annual Dues = \$712.50

Commercial Member – A Commercial Member of this Association shall be any person, partnership or duly existing and qualified corporation, manufacturing, renting, selling equipment or providing services used by private professional ambulance providers. Commercial Members shall not be entitled to hold office or vote. Annual Dues = \$712.50

Out of State Member – Out of State private ambulance services are eligible for Out of State Member status in the Association, without the right to hold office or vote. Annual Dues = \$712.50



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SECTION C – COMPANY INFORMATION

Section C is to be completed by all applicants. Please list one primary contact. You may list an unlimited number of additional contacts at the same address (attach additional pages if necessary).

Please provide the name of the CAA member that referred you to the CAA: _____

Company Name (Legal Name and Any DBAs): _____

Street Address, City, State & Zip: _____

Mailing Address: _____

Phone: _____ Fax: _____ Website: _____

CEO/President: _____ Add as primary or additional contact: Yes No

Primary Contact: _____ Title: _____ Email: _____

Additional Contact: _____ Title: _____ Email: _____

Additional Contact: _____ Title: _____ Email: _____

SECTION D – MEMBER DATA

Section D is to be completed by Active, Associate and Out-of-State Member applicants.

Accurate information about CAA members assists the association in promoting the interests of the membership. This information is kept strictly confidential and will only be reported in the aggregate.

CHP License # (include copy of CHP license): _____ # of CHP Licensed Ambulances: _____

of EMTs: _____ # of Paramedics: _____ Total # of Employees: _____

Counties served: _____

LEMSA(s) reporting to: _____

Organization (Select one): For profit Non-profit Government Hospital Other (please specify): _____

Services provided (Select all that apply):

Primary 9-1-1 Inter-facility (with CCT) Inter-facility (no CCT) Gurney Van Wheel Chair Air

Areas served (Select all that apply): Urban Rural Super Rural

Are you goverend by (select all that apply): City Ordinance County Ordinance County Contract Labor Contract

Do you receive subsidy: Yes No Are your rates regulated: Yes No

Do you offer an ambulance subscription program: Yes No If yes, what is the annual fee: _____

Does your county/LEMSA prohibit gurney vans/stretchers vans: Yes No

Please provide your retail rates by service level:

	BLS-NE	BLS-E	ALS-NE	ALS-E	ALS-2	SCT
Base Rate						
Mileage Rate						

Additional Companies/Divisions - Please list all additional companies and/or operating divisions. Submit additional pages if necessary.

Division Name: _____

Address, City, State & Zip: _____

Contact Name: _____ Title: _____ Phone: _____ Email: _____

of Ambulances: _____ Counties Served: _____

Services Provided (Select all that apply):

Primary 9-1-1 Inter-facility (with CCT) Inter-facility (no CCT) Gurney Van Wheel Chair Air

SECTION E – COMMERCIAL MEMBER DESCRIPTION

Section E is to be completed by Commercial Member applicants only. Please describe your company's products and/or services in approximately 25 words or less. Once your membership application is approved, this description, as well as your company logo, will be displayed in the Commercial Member Section of the CAA website and in the CAA Annual Membership Directory.

Company Description: _____



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SECTION F – REFERENCES

Section F is to be completed by Active and Associate Member applicants. All Active and Associate Member applications require the submission of two letters of reference. A reference letter template is available at www.the-caa.org.

Local EMS Director: _____

Contact Person: _____

Street Address: _____

City, State & Zip: _____

Phone: _____ Fax: _____ Email: _____

Reference letter enclosed? Yes No

Hospital Reference: _____

Contact Person: _____

Street Address: _____

City, State & Zip: _____

Phone: _____ Fax: _____ Email: _____

Reference letter enclosed? Yes No

SECTION G – STANDARDS OF CONDUCT

Section G is to be completed by all applicants.

In order to be considered for membership and to retain membership in good standing, no person or organization can be found to have violated any one or more of the following standards:

- 1) Conviction of any Federal, State or local laws, including fraud, larceny, bribery, or other egregious felonies that would have deleterious effects on the ambulance industry.
- 2) Falsification of any information submitted to the Association.
- 3) Failure to meet any financial obligation justly due the Association.
- 4) Willful acts to discredit the Association.
- 5) Representing the Association or expressing an opinion in the name of the Association without official authority.
- 6) Theft or misappropriation of any property or any act to defraud the Association.
- 7) Any inappropriate use of Association materials, resources, and/or information.

I understand that only Active Members representing private for profit or non-profit ambulance services are entitled to hold office and vote, and that this application is subject to the approval of the Board of Directors of the California Ambulance Association after it has been reviewed by the Ethics and Professionalism Committee. If this application is not accepted, my application fee is not refundable. Until such time, I shall be designated as a member applicant. If approved for membership, I pledge to conform to the Articles of Incorporation, Bylaws, Standard of Conduct, professional standards and other official acts of the California Ambulance Association.

By: _____ Title: _____

Signature: _____ Date: _____

SECTION H – AUTHORIZATION

Section H is to be completed by all applicants.

I attest, to the best of my knowledge, that the information submitted on this application is true and accurate. I request and authorize you to furnish the California Ambulance Association any and all information that you have concerning my firm. This information is to be used to assist the Association in determining my qualifications for membership. I hereby release you, your organization, or others from any liability or damage that may result from furnishing the information requested on this form.

By: _____ Title: _____

Signature: _____ Date: _____



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SECTION I - DUES SCHEDULE

Below is the dues schedule for each membership category. Active Members may opt to pay dues on a monthly or annual basis. For Active Members paying dues monthly, a 10% surcharge has been added to the monthly dues amount below. For Active Members paying dues annually, first year dues are prorated based upon the date of formal acceptance of the applicant for membership and the CAA's fiscal year (June 1 - May 31). Please contact the CAA headquarters office for the prorated amount. Following the first year, the annual membership renewal period occurs in May and annual dues are paid at that time.

- Active Member: see dues schedule below
- Associate Member: \$712.50
- Commercial Member: \$712.50
- Out-of-State Member: \$712.50

No. of Amb	Annual Dues	Monthly Dues	No. of Amb	Annual Dues	Monthly Dues	No. of Amb	Annual Dues	Monthly Dues	No. of Amb	Annual Dues	Monthly Dues
1	544.16	49.88	10	5,203.15	476.96	19	9,459.14	867.09	28	13,346.99	1,223.47
2	1,082.88	99.26	11	5,695.28	522.07	20	9,908.69	908.30	29	13,757.65	1,261.12
3	1,616.21	148.15	12	6,182.49	566.73	21	10,353.75	949.09	30	14,164.21	1,298.39
4	2,144.21	196.56	13	6,664.82	610.94	22	10,794.36	989.48	31	14,566.71	1,335.28
5	2,666.93	244.47	14	7,142.33	654.71	23	11,230.56	1,029.47	32	14,965.18	1,371.81
6	3,184.42	291.91	15	7,615.06	698.05	24	11,662.40	1,069.05	33	15,359.67	1,407.97
7	3,696.74	338.87	16	8,083.06	740.95	25	12,089.92	1,108.24	34	15,750.21	1,443.77
8	4,203.93	385.36	17	8,546.37	783.42	26	12,513.16	1,147.04	35	16,136.85	1,479.21
9	4,706.05	431.39	18	9,005.05	825.46	27	12,932.17	1,185.45	36 and above	16,136.85 plus \$25.00 per ambulance over 36.	

SECTION J - PAYMENT INFORMATION

For Active Members, payment of one month dues and a \$50 application fee is required with submittal of membership application. Following membership approval, new members will receive an invoice for the balance. For Associate, Commercial and Out-of-State members, payment of full dues amount and a \$50 application is required with submittal of membership application.

- Annual Membership Dues for Associate, Commercial or Out-of-State: _____
- Application Fee (\$50): _____
- OR-----
- One Month's Dues for Active Membership: _____
- Application Fee (\$50): _____

TOTAL AMOUNT DUE:

Please select appropriate box below:

- Check enclosed (payable to CAA)
- Credit card charge
- VISA MASTERCARD AMEX

Account #: _____ Exp. Date: _____

Signature: _____ Date: _____

SECTION K - CHECKLIST

Thank you for your interest in becoming a member of the California Ambulance Association. Below is a checklist of the items required to process your application. If you have any questions, please contact Kim Ingersoll at 877.276.1410 or kingersoll@the-caa.org.

- Membership Application
- 2 Reference Letters (Active & Associate Members Only)
- Copy of CHP License (Active Members Only)
- \$50 Application Fee
- Membership Dues
- Payment Information

Please submit your completed application and all fees to:

California Ambulance Association (CAA)

2520 Venture Oaks Way, Suite 150, Sacramento, CA 95833

877.276.1410 - Phone, 916.924.7323 - Fax

www.the-caa.org

Contributions or gifts (including membership dues) to CAA are not tax deductible as charitable contributions. Pursuant to the Federal Reconciliation Act of 1993, association members may not deduct as ordinary and necessary business expenses, that portion of association dues dedicated to direct lobbying activities. Based upon the calculation required by law, only 50% of the dues payment should be treated as nondeductible by CAA members. Check with your tax advisor for tax credit/deduction information.