

CALIFORNIA AMBULANCE ASSOCIATION

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MEMBERSHIP APPLICATION

CLASS OF MEMBERSHIP - Please Check Appropriate Classification For Your Company

1. **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 based on number of licensed ambulances owned and independently verified by CHP. See dues schedule below).
2. **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 Corporation, without the right to hold office or vote. (\$712.50 Annual dues).
3. **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 (\$712.50 Annual dues).
4. **OUT OF STATE MEMBER** - Out of State private ambulance services are eligible for Out of State Member status in this Association, without the right to hold office or vote (\$712.50 Annual dues).
- Enclosed is my application fee of \$50.00.

STANDARD OF CONDUCT. In order to be considered for membership or 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.

ACTIVE MEMBER SCHEDULE OF DUES

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

*Calculated by adding 10%(surcharge for monthly billing) to annual dues and dividing by 12months

First year dues are prorated based on the CAA's fiscal year (June 1 - May 31) and date of formal acceptance of the applicant for membership. Active Members may opt to pay dues on a monthly or annual basis. If payment is made on a monthly basis a 10% percent surcharge will be added.

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 Association after it has been reviewed by the Ethics and Professionalism Committee and that if this application is not accepted, my application fee will be returned in full. Until such time, I shall be designated as a member applicant. If elected to membership, I pledge to confirm to the articles of incorporation, bylaws, code of ethics, standard of conduct, professional standards and other official acts of the California Ambulance Association.

By: _____ Title: _____

 Signature Date

PLEASE COMPLETE THE APPLICATION INFORMATION ON THE BACK OF THIS PAGE

MEMBER DATA

PLEASE TYPE OR PRINT AND ANSWER ALL QUESTIONS COMPLETELY

Company Name _____
Street Address _____ City _____
State _____ Zip _____ County _____
Mailing Address _____
Phone (_____) _____ Fax (_____) _____
E-Mail _____
CHP License Number _____ Number of CHP Licensed Ambulances _____
Other Company Names and/or Branch Offices _____ City _____ State _____
Medicare Carrier _____

REFERENCES (Active, Associate Ambulance Services)

EMS Director or EMCC Reference _____ Contact Person _____
Address _____ City _____
State _____ Zip _____ Phone (_____) _____ Fax (_____) _____

Hospital Reference _____ Contact Person _____
Address _____ City _____
State _____ Zip _____ Phone (_____) _____ Fax (_____) _____

Medical transportation services offered:
 Basic Life Support Advanced Life Support Wheelchair
 Critical Care transport Air Ambulance with Own Aircraft
If yes, Federal Aviation Agency Air Taxi Permit No. _____
Type of Aircraft _____

We are governed by: City Ordinance County Ordinance County Contract Labor Contract

Number of Field Employees: EMT'S _____ Paramedics _____ Total number of Employees: _____

Our rates: \$ _____ BLS Base \$ _____ ALS Base \$ _____ CCT Base \$ _____ Emergency
\$ _____ Mileage per mile

COMMERCIAL MEMBERS

Type of Service Provided _____

Website Address _____

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 _____