



Vermont Ambulance Association

C/O 275 Stratton Road
Rutland, VT 05701

MEMBERSHIP 2023/2024 MEMBERSHIP RUNS FROM JULY 1, 2023 TO JUNE 30, 2024

| AGENCY INFORMATION | | | |
|---|---------|-----------------------------|---|
| Agency Name: | | | |
| Web Site: | | | |
| License #: | Phone: | Fax: | |
| Address: | | | |
| Town/City: | State: | ZIP Code: | |
| My Service is: <input type="checkbox"/> BLS <input type="checkbox"/> ALS (AEMT) <input type="checkbox"/> ALS (Paramedic) which is: <input type="checkbox"/> All Volunteer <input type="checkbox"/> All Career <input type="checkbox"/> Combination (Career/Vol) and is <input type="checkbox"/> Fire Based <input type="checkbox"/> Municipal <input type="checkbox"/> Non-profit <input type="checkbox"/> For profit and provides <input type="checkbox"/> Ambulance (911 only) <input type="checkbox"/> Ambulance (Intra-facility only), <input type="checkbox"/> Ambulance (911 and Intra-facility) <input type="checkbox"/> First Response. | | | |
| TYPE OF MEMBERSHIP | | | |
| <input type="checkbox"/> | \$100 | ACTIVE VOTING MEMBER | <i>VT Licensed Ambulance/1st Response Agency</i> |
| <input type="checkbox"/> | \$50 | ASSOCIATE NON VOTING MEMBER | <i>Individual/Agency/EMS District</i> |
| <input type="checkbox"/> | \$200 | ASSOCIATE NON VOTING MEMBER | <i>Commercial Agency</i> |
| <input type="checkbox"/> | \$_____ | VAA/Legislative Donation | |
| <p>The VAA works hard to protect and promote issues that enable ambulance service providers to continue to provide ambulance services to the communities you serve. Our legislative liaisons stay in touch with local, state, and federal leaders to ensure that they understand the importance of EMS in Vermont. The VAA Legislative Fund is a key component of our association's ability to represent Vermont Ambulance Services interests before the State Legislature. Please consider adding a legislative donation to your dues.</p> | | | |
| MINUTES/NEWSLETTER WILL BE EMAILED TO EMAIL BELOW | | | |
| PRIMARY CONTACT INFORMATION | | | |
| Name: | | Phone: | |
| E-Mail: | | | |
| Address: | | | |
| City: | State: | ZIP Code: | |
| Position: | | | |
| SECONDARY CONTACT (If there are others please add to back of this form) | | | |
| Name: | | Phone: | |
| E-Mail: | | | |
| Address: | | | |
| City: | State: | ZIP Code: | |
| Position: | | | |

Submit with a check for membership fees to:

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