



Vermont Ambulance Association

C/O 275 Stratton Road
Rutland, VT 05701



VAA MEMBERSHIP APPLICATION		
Agency Name:		
Web Site:		
State 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"/>	\$200	ASSOCIATE NON VOTING MEMBER <i>Commercial Agency</i>
<input type="checkbox"/>	\$50	ASSOCIATE NON VOTING MEMBER <i>Individual/Agency/EMS District</i>
<input type="checkbox"/>	\$50	NEW ACTIVE VOTING MEMBER <i>VT Licensed Ambulance./1st Response Agency</i>
MINUTES/NEWSLETTER		
I prefer to receive copies of minutes/newsletter by <input type="checkbox"/> US Mail <input type="checkbox"/> Email.		
PRIMARY CONTACT INFORMATION		
Name:		
Phone:	E-mail:	Fax:
Address:		
City:	State:	ZIP Code:
Position:		
SECONDARY CONTACT (Any Additional contacts please add on reverse side of application)		
Name:		
Phone:	Email:	Fax:
Address:		
City:	State:	ZIP Code:
Position:		
SIGNATURE		
I attest that I have the authority to complete and submit this application on behalf of my agency. I understand that membership is voluntary and requires maintenance of the annual dues as set by the VAA at the annual meeting.		
Name of applicant:		
Signature of applicant:		Date:

Complete the above form and submit with a check for membership fees to:

VAA Treasurer, William Hathaway
2555 South Stream Road
Bennington, VT 05201