



## ARIZONA MEDICAL TRANSPORTATION ASSOCIATION – AZMTA

2730 W AGUA FRIA FWY #205, PHOENIX, AZ 85027 - 7214

[CONTACT@AZMTA.COM](mailto:CONTACT@AZMTA.COM)

[www.AZMTA.com](http://www.AZMTA.com)

### APPLICATION FOR MEMBERSHIP

**Company Information:** \_\_\_\_\_ **Application Date:** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Service Area \_\_\_\_\_

**\*\* AZMTA Dues (Will be billed on a yearly basis) \*\***

**Associate Member: (Supporting Agency – Non-voting) \$ 50.00 per Year**

**Regular Member (Non-Voting): \$ 100.00 per Year**

**Charter Member (Voting member): \$ 200.00 per Year**

#### **\*Principal Contact\***

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

#### **Secondary Contact:**

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

**A \$ 100.00 application fee must accompany this form.**

Please make check payable to **AZMTA**  
Mail completed form to: **2730 W AGUA FRIA FWY #206**  
**PHOENIX, AZ 85027 – 7214**

BY SIGNING THIS APPLICATION I AGREE FOR A ONE YEAR COMMITMENT (REQUIRED FOR APPROVAL)

Authorized Representative Name: \_\_\_\_\_ Signature \_\_\_\_\_

\*\*\*\*\*AZMTA\*\*\*\*\*

There shall be three classes of membership in the association as follows:

Charter member: A charter member shall be any partnership, corporation, joint venture or another organization qualified as a member provided herein and which has applied for and been accepted as a member in the association and whose primary business is non-emergency medical transportation. Charter membership will be limited to the first twenty-five members, or a member no later than DECEMBER 31, 2013, at which time no new charter members will be accepted. Charter Membership: Two Hundred dollars (\$200.00) per year on an annual basis. (Voting Membership)

- Regular member: A regular member shall be any individual, partnership, corporation, joint venture, or any other organization qualified as a member provided herein and whose primary business is non-emergency medical transportation. Regular Membership: \$100 per YEAR regardless of the number of vans. (Non-Voting Membership)
- Associate member: An associate member shall be any individual, partnership, corporation, joint venture or any other organization who shares the goals, aspirations and interests of the association or who is in an allied business which manufactures, performs or otherwise provides products, materials, labor or services directly to those engaged in non-emergency medical transportation industry and who shall have been elected to such associate membership by a majority vote of the Board of Directors. Associate members shall be entitled to all privileges of regular membership except that of holding office or voting. Associate Membership: Fifty dollars (\$50.00) per year on an annual basis.
- A one hundred dollars (\$100.00) check must accompany the application as the initial membership fee. Once the application has been received it will be taken before the Board of Directors for approval. When approved, the new member will be advised and a Certificate of Membership will be issued to the new member at the next general membership meeting. If for some reason the application should be denied, the application fee will be refunded.

Approved By: \_\_\_\_\_ Payment Received: \_\_\_\_\_ Effective Date: \_\_\_\_\_