Application for Enrollment in the Oklahoma Association of Emergency Vehicle Technicians



OAEVT Po box 496 Newcastle, Oklahoma 73065 www.okevt.org oklahomaevt@gmail.com Phone-405-401-0152 Fax-888-876-9285

Contact Information:

PLEASE PRINT

Full Name:		
Company/Department Name:		
Address company or home:		
City:	State:	Zip:
Telephone (Home):		
Telephone (Work):	-	
E-Mail Address: company	/or home	
CHECK THE BOX OF THE MEMBERS Membership Information:	SHIP YOU WANT	
[] Class I Mechanic \$30.00		
[] Class IA Supervisor \$30.00		
[] Class II Vendor \$50.00		
[] DEPARTMENT MEMBERSHIP \$50. Each person must fill out an appl		her as department.
I hereby agree to abide by the O.A.E.V.T. Emergency Vehicle repair, maintenance of		I am affiliated with
Signature:		
Today's Date:		
This application is for a one-year member Send form and with check, money order, o		
Oklahoma Assoc. of EVT C/O: 3328 NW27TH ST OKLAHOMA CITY, OK 73107 FAX- 888 876-9285 EMAIL - OKLAHOMAEVT@GMAIL.CO	M.	