

**Application for Enrollment in the
Oklahoma Association of Emergency Vehicle Technicians**



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 MEMBERSHIP YOU WANT...

Membership Information:

Class I Mechanic \$30.00

Class IA Supervisor \$30.00

Class II Vendor \$50.00

DEPARTMENT MEMBERSHIP \$50.00

Each person must fill out an application and submit them together as department.

I hereby agree to abide by the O.A.E.V.T. Constitution and certify that I am affiliated with Emergency Vehicle repair, maintenance or supplies.

Signature: _____

Today's Date: _____

This application is for a one-year membership and is renewable on March 1, every calendar year.
Send form and with check, money order, or department/company purchase order to:

Oklahoma Assoc. of EVT C/O:

Tim Dowers

6310 Quail Ln

Enid OK 73703

580-554-9458

tdowers@enid.org