AEMS
ARIZONA EMERGENCY MEDICAL SYSTEMS, INC.

P.O. Box 19027 ◆ Fountain Hills, AZ 85269
Phone: 623-847-4100 ◆ FAX: 480-542-6481
Email: info@aems.org ◆ Website: https://aems.org/

2027 AEMS Membership Organization Application

Contact Information

Name of Organization: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Primary Contact Person: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Additional Organization EMS Contacts to Include on AEMS Mailing List for notification of meetings and events:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Type of Membership and Dues

Please check the membership category best describes your organization:

Hospitals / Licensed Care Facility	***Annual Dues***	***Two Year***
_____ Urban or Suburban Hospital / Medical Center	$1,500	$2,700
_____ Rural Hospital (serving *population less than 100,000)	$500	$900
_____ **Hospital Satellite Emergency Center (For First One)	$500	$900
_____ For Each Succeeding Satellite Emergency Center of Same Hospital	$300	$540
_____ ***Non-Hospital Satellite Emergency Center	$750	$1,350

***population includes catchment area**

****Hospital Satellite Emergency Centers must be extensions of a sponsoring hospital under combined management / operations. The sponsoring hospital must be a dues paying member at the time dues are paid by/for the Satellite.**

*****Non-Hospital Satellite Emergency Center are those free standing or satellite emergency centers NOT affiliated/sponsored by a dues paying hospital**

Fire Department / Fire Districts / EMS Department	***Annual Dues***	***Two Year***
_____ Serving **population greater than 300,000	$1,500	$2,700
_____ Serving **population of 100,000 - 300,000	$1,000	$1,800
_____ Serving **population less than 100,000	$500	$900
_____ Serving **population less than 50,000	$250	$450

If Fire Department / Fire District provides Ground Ambulance Transport, add $250 to annual dues total (or $450 for two year) for a maximum of $1,500 in annual dues paid (or $2,800 for two year).

****population includes catchment area**

Air and Ground Transport Agencies	***Annual Dues***	***Two Year***
_____ Aeromedical (rotary or fixed wing)	$1,500	$2,700
_____ Ground Ambulance serving mostly urban	$1,500	$2,700
_____ Ground Ambulance serving mostly rural	$500	$900

Education and Community Organizations	***Annual Dues***	***Two Year***
_____ Educational Institutions	$300	$540
_____ Organizations serving urban / statewide	$500	$900
_____ Organizations serving rural	$250	$450

Payment of Dues

Please check and complete all information in the appropriate box:

Annual Dues Payment	Two Year Dues Payment
❒ **One Year (2027) Payment** $ _____	❒ **Two Year (2027 & 2028) Payment** $ _____
OR	
❒ **One Year (2027) Payment for Fire Department / Fire District that provides Ground Ambulance Support** (for a maximum total of $1500 in annual dues to be paid) $ _____ + $250 = $_____	❒ **Two Year (2027 & 2028) Payment for Fire Department / Fire District that provides Ground Ambulance Support** (for a maximum total of $2,800 in two year dues to be paid) $ _____ + $450 = $_____

Make checks payable AEMS OR provide credit card information and return form to:

P.O. Box 19027 ◆ Fountain Hills, AZ 85269 ◆ FAX: 480-542-6481 ◆ pbaker@aems.org

Credit Card Information:

Check one: ❒ Visa ❒ MasterCard ❒ Discover ❒ AMEX Number: _____

Name on Credit Card: _____ Expiration Date: _____ Security Code: _____

You may pay directly online at: https://aems.org/membership/renew-aems-membership

AEMS is a 501(c) (3) non-profit, charitable organization. Donations to AEMS are tax deductible to the extent allowed by law.

THANK YOU FOR YOUR CONTRIBUTION AND SUPPORT!