



What is the Value of AAMS Membership?

Association of Air Medical Services (AAMS) is a voluntary, non-profit trade association representing over 700+ companies, programs and individuals. Established in 1980, AAMS is the longest-serving and most well established association representing the global air and critical care ground medical transport community. As a member of AAMS, you and your staff can play a vital role in our industry's future, by guiding AAMS on how to lead the air and critical care ground medical transport community into the future.

Your voice as a member is vital to AAMS. Our unique industry, as part of a much larger healthcare system, is challenged daily to meet the ever-changing demands from the public that we serve, while still maintaining standards of performance reflecting safe, efficient operations and high quality patient care. Our association is built on the idea that representation from a variety of medical transport services, businesses and individuals can be brought together to share information, collectively resolve problems and provide leadership. Our members are the leaders, decision makers, movers and shakers—your peers—in the critical care medical transport industry and in our communities. AAMS Membership will give you and your staff ample networking, learning and volunteer opportunities. What's the value of these opportunities? **Priceless.**

Leading and Serving Transport Medicine



Industry Advocacy and Leadership

AAMS advocates for the critical care transport industry with the general public, legislators on Capitol Hill, various regulatory bodies, and the media. Whether AAMS is advocating for safety, research, resources or awareness—we will always be 100% committed to serving and working with our members in their efforts to meet our industry's challenges head-on—ensuring our members' voices are heard in the halls of Congress and beyond.

Staying Connected and Current

AAMS provides its members and your entire staff many professional development and networking opportunities through our many Members' Only Committees, Special Interest Groups and Sections.

AAMS keeps our members up-to-date on important issues facing entire air and critical care transport industry through:

- AAMS CEO member updates and alerts to keep our members informed of AAMS and Foundation activities;
- A free bi-monthly copy of the *Air Medical Journal*, which includes free 24/7 online access to its current edition, the journal's RSS Feed and its large article archives;
- AAMS weekly email newsletter—*News On the Fly*.

Top-Notch Educational Programs

AAMS offers several events, programs and institutions at significant cost savings for you and all of your staff to participate:

- The Air Medical Transport Conference (AMTC) is specifically designed to provide leadership, to educate, to inform and to supply up to the minute information on the latest techniques and innovative approaches to emergency medical transport practice from the experts in your field. Ten separate education tracks promise something for everyone in your organization, and the AMTC also features a tradeshow chock full of the latest products and services for medical transport providers.

- The Medical Transport Leadership Institute (MTLI) provides a structured continuing education experience that enhances leadership and management of medical transportation services through courses that emphasize management theory and its direct practical application.
- The Safety Management Training Academy (SMTA) offers formalized training for individuals to improve their understanding of safety systems theory and the application of that theory to the practice of medical transportation.

Research and Resources

AAMS also provides many other members' only benefits, resources and campaigns such as:

- Research and funding opportunities through the AAMS charitable arm—MedEvac Foundation International;
- AAMS safety campaign—Vision Zero;
- AAMS members' only Directory and Resource guide;
- Plus so much more!

Please contact the AAMS office to learn more at (703) 836-8732, or you can visit AAMS online at www.aams.org.

We look forward to having your organization join the AAMS team!

Regular Membership Application

AAMS Regular Voting Membership limited to air and critical care ground medical transport services that have physician-directed medical controls. Regular Membership defined by the main location of the program and the number of vehicles the transport service offers.

Instructions: Please fill out this form completely and send to AAMS, 909 N. Washington Street, Suite 410, Alexandria, VA 22314; fax to (703) 836-8920; or email to esierra@aams.org. AAMS will not process applications until we receive full payment of your membership dues.

APPLICANT GENERAL INFORMATION

*Company/Service Name: _____

Related Hospital/Institution: _____

*Mailing Address: _____ Suite/Building/Hanger #: _____

*City: _____ State: _____ Zip: _____ *Country: _____

*Business Phone: _____ 24-Hour Non-Emergency Phone: _____

Dispatch Toll-Free Phone: _____ Dispatch Phone: _____

Website: _____ General Office E-mail(s): _____

Social Media: Facebook Google+ Twitter YouTube LinkedIn Other Sites: _____

Why are you joining AAMS? (If you were refer to us, please provide their name below.)

COMPANY PROFILE

***What types of services medical transport services do you offer?**

Rotor Wing (RW) helicopter(s) Fixed Wing (FW) airplan(es) Critical Care Ground (CCG) ambulanc(es)

What is your program's corporate structure for each mode of transport?

Hospital Owned: RW FW CCG

Independent/Community: RW FW CCG

Government Sponsored RW FW CCG

Please mark all of the following statements that are true about your company profile:

Our program is a part of a consortium

Our program is publicly/govt. owned

Our program is privately owned

What year did your program start? _____ **How many patient transports annually?** # _____

PERSONNEL

How many employees does your program/service have? Full-Time: _____ Part-Time: _____

Main Contact:

*Name: _____ Title: _____

*E-mail: _____ *Direct Phone: _____ office | cell

Alternate Contact:

Name: _____ Title: _____

E-mail: _____ Direct Phone: _____ office | cell

Voting Representative (If different than the main contact, who will be responsible for voting in AAMS Elections?)

Name & Title: _____ E-mail: _____

Online Administrator (If different than the main contact, who will be responsible for updating company info online?)

Name & Title: _____ E-mail: _____

Please provide the names of the following personnel within your program/service:

You can add multiple people for each position below. The list below are generic roles; staff will have the opportunity to provide actual job titles. Email field below is optional and it is for staff members who would like to receive AAMS email updates.

Program Director/Manager:	Email:
Director of Operations:	Email:
Chief Nurse:	Email:
Chief Paramedic:	Email:
Medical Crew Supervisor:	Email:
Medical Director:	Email:
Communications Supervisor:	Email:
Rotor Wing Lead Pilot:	Email:
Fixed Wing Lead Pilot:	Email:
Lead Mechanic:	Email:
Executive/Program Assistant:	Email:
PIO/PR Representative:	Email:

BASE LOCATIONS

Provide your base(s) location information in this section. If you chose to have a base location become a member of AAMS, there would be a **\$246.00 fee per base**. AAMS Base Membership includes listing in AAMS Directory.

***What is the number of OFF-SITE bases operated by your program/service?** _____

Please provide information on all your off-site bases:

#1 Base Name: _____ **Base Type (RW, FW, CCG):** _____
CAMTS Accredited Base? Yes No
Mailing Address: _____ Suite/Building/Hanger#: _____
City: _____ State: _____ Zip/Postal Code: _____
Country: _____
Phone: _____ E-mail: _____

- **Do you want to sign up this 1st location for AAMS Base Membership? Additional \$246** Yes No
 - **If yes, do you want the base listed in the directory?** Yes No
(If no, then it will be unlisted)

#2 Base Name: _____ **Base Type (RW, FW, CCG):** _____
CAMTS Accredited Base? Yes No
Mailing Address: _____ Suite/Building/Hanger#: _____
City: _____ State: _____ Zip/Postal Code: _____
Country: _____
Phone: _____ E-mail: _____

- **Do you want to sign up this location for AAMS Base Membership? Additional \$246** Yes No
 - **If yes, do you want the base listed in the directory?** Yes No
(If no, then it will be unlisted)

#3 Base Name: _____ **Base Type (RW, FW, CCG):** _____
CAMTS Accredited Base? Yes No
Mailing Address: _____ Suite/Building/Hanger#: _____
City: _____ State: _____ Zip/Postal Code: _____
Country: _____
Phone: _____ E-mail: _____

- **Do you want to sign up this location for AAMS Base Membership? Additional \$246** Yes No
 - If yes, do you want the base listed in the directory?** Yes No
(If no, then it will be unlisted)

Provide any additional base(s) location information on a separate sheet of paper

CALCULATE YOUR REGULAR MEMBERSHIP DUES

Use the information that you have provided on page 6 on this application to calculate your membership dues utilizing the chart below. Regular Membership dues vary based on the type(s) and the number of vehicles the program utilizes to conduct medical transport (i.e., Rotor-Wing, Fixed Wing, or Critical Care Ground Ambulance). Another factor in your membership dues is if those type of vehicle(s) are kept staffed with a medical crew on a part-time, or full-time basis. Base Membership is an optional membership that you can add to your regular membership dues. None of the maximum dues caps listed below apply to base membership dues. All membership dues are annual and are subject to 3% cost of living increase. If you need assistance calculating your membership dues, please contact AAMS National Office from 9:00AM-5:30 PM EST, Monday – Friday at (703) 836-3732.

<u>Vehicles Dues Category</u>	<u>Dues Per Full Time Vehicles (\$USD)</u> <i>*Staffed more than 12hrs</i>	<u>Dues Per Part Time Vehicles (\$USD)</u> <i>*Staffed less than 12hrs</i>	<u>Minimum Dues Requirements and Maximum Dues Cap</u>	
Rotor-Wing (RW)	\$1,624.00	\$812.00	*\$1,624.00 required dues for a member with at least one RW asset	\$6,493.00 maximum amount of dues paid by any transport program that has Rotor-Wing or Fixed-Wing assets
Fixed-Wing (FW)	\$1,083.00	\$541.00	*\$1,083.00 required dues for a member with no RW asset and at least one FW asset	
CCG Vehicles	\$203.00	\$203.00	*\$812.00 required dues for a member with no RW or FW assets and at least one CCG ambulance	\$1,624.00 maximum amount of dues paid by any transport program that has ONLY CCG ambulances

International Members

- The above numbers apply to your membership dues, except there is a maximum dues cap of \$1,624.00 USD for your dues;
- This cap on your regular dues does not apply to any additional base memberships that you would like to add to your regular membership;
- And if purchasing power of your currency is less than 80% to \$USD, a discount up to 20% can apply. Contact AAMS for more details.

PAYMENT INFORMATION

Additional Items to Note:

If you are a national member of AAMS, \$37.00 of your membership fees goes toward your subscription the Air Medical Journal. If you are an International AAMS Member, \$57.00 goes toward your subscription of the Air Medical Journal. **AAMS dues are not deductible as a charitable deduction for federal income tax purposes but may be deductible as a business expense. AAMS estimates that 25% of your dues are not deductible as a business expense** because of AAMS lobbying activities on the behalf of its members.



If you would like to make a charitable and tax-deductible donation to the MedEvac Foundation International, please write a donation amount below. Optional Donation: \$ _____ USD **Thank You!**

Please send completed order form below and send payment to:

Association of Air Medical Services, 909 North Washington Street, Suite 410, Alexandria, VA 22314, USA; or fax to (703) 836-8920; or email esierra@aams.org

***Regular Voting Membership Dues:** \$ _____ USD **Optional Base Dues:** \$ _____ USD

***Total Amount :** \$ _____ USD ***Payment Type:** ___ Check ___ Credit Card (*Use Card Fields Below*)

Does your company need AAMS to send you an invoice? ___ If yes, email for invoice: _____

Card Type: _____ ***Card: #** _____

***Expiration Date:** ___/___/___ ***Security: #** _____ ***Email for Receipt:** _____

***Name on Card:** _____ **Signature:** _____

***Billing Address for Card:** _____

Thank You for Your Membership!