



Membership Application

Instructions: Please fill out this form completely and send INAAMS (Indiana Association of Air Medical Services) at PO Box 214, Bluffton, IN 46714.

Associate MEMBERSHIP

Annually

Associate Members shall be entities such as out of state providers, corporations having an interest in the air medical and/or critical care transport services industry. Associate Members have no right to vote or hold office. Members may participate in committees and educational offerings.

I. GENERAL INFORMATION - Please fill out completely:

Main Contact

Name: _____ Title: _____

Company/Service Name: _____

Hospital/Institution: _____

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

City: _____ State: _____ Zip: _____ E-Mail: _____

Business Phone: _____

Business Fax: _____

24-Hour Non-Emergency Phone: _____ Dispatch Toll-Free Phone: _____

Dispatch Phone: _____ Dispatch Fax: _____

Direct Phone Line: _____ (please circle: office or cell)

Alternate Contact

Name: _____ Title: _____

Alternate E-mail: _____ Alternate Phone : _____ (please circle: office or cell)

Alternate Fax: _____

If you have a preferred billing address or the main address is a P.O. Box, please provide alternate address here: _____

II. Membership Information:

Please describe your company (attach the company description if there is not enough room here);

Types of services offered:

Membership dues:

Annual dues are \$250.00 due in January.

Please send completed order form and payment to:

**Indiana Association of Air Medical Services (INAAMS)
PO Box 214
Bluffton, Indiana 46714**

Thank You for Your Membership!