



Company Name: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Type of Product or Service: \_\_\_\_\_

Please check the appropriate membership category:

Affiliate (non-voting):

Affiliate level membership is open to any person, partnership, corporation or other entity engaged in the manufacture, sale, rental or servicing of equipment or furnishing of services utilized in the provision of medical transportation and agreeing to abide by the bylaws of the Ohio Ambulance and Medical Transportation Association.

Flat Rate Membership Dues

\$485

Please list any additional individuals you would like to receive Association communications on behalf of your organization.

Name	Title	Email
1. _____		
2. _____		

I understand that this application is subject to the approval of the Ohio Ambulance and Medical Transportation Association and that until it has been reviewed and acted upon, I understand that I shall be designated a Member-Applicant. Further, I understand that the first year's membership dues shall be payable at the time of this application, and that if for any reason this application is refused, the dues will be refunded in full. If elected to the membership, I pledge to conform to the articles, bylaws, code of ethics, professional standards and other official acts of the Ohio Ambulance and Medical Transportation Association.

\_\_\_\_\_  
Submitted by (authorizing agent) Title

\_\_\_\_\_  
Signature Date



**Payment** Please select your preferred method of payment:

**Check**

Make checks payable to "Ohio Ambulance and Medical Transportation Association"  
155 East Broad Street, Suite 2020 Columbus, Ohio 43215

**Credit Card**

Visa       MC       Discover       AmEx

Credit Card Number: \_\_\_\_\_

Credit Card Address: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Exp. \_\_\_\_\_ Amount to be Charged: \_\_\_\_\_ Billing Zip: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

OAMTA T.I.N. 34-6619511

Tax deductibility of membership dues: As a non-profit 501-C-6 tax-exempt trade association, dues to OAMTA may be deductible for federal income tax purposes as ordinary and necessary business expenses except for an amount that such dues are spent on lobbying activity.

**Complete your application:**

- Scan and email to [ejones@grantstreetohio.com](mailto:ejones@grantstreetohio.com)
- Mail to OAMTA  
155 East Broad Street Suite 2020  
Columbus Ohio 43215

**Questions?**

Call or email Elizabeth Jones at [ejones@grantstreetohio.com](mailto:ejones@grantstreetohio.com) or 614-221-3600.