



## 2015 NEW MEMBER APPLICATION

This form uses Microsoft Word fill-in. The data field will expand as needed. Use the tab key to move the cursor to the next field. The PDF version of this form is a simple print and write-in form.

Organization Name

Address

Address 2

City

State

ZIP

Main Telephone

FAX

Website URL

Primary Contact Name\*

\*The person indicated above will be extended PAAW voting privileges on behalf of the organization.

Job Title

Direct Telephone

Cellular

Email

Alternate Contact Name

Job Title

Direct Telephone

Cellular

Email

Service Level of License:     Basic             Intermediate Technician             Intermediate  
    Paramedic     Critical Care Paramedic             N/A

Ownership Type:                     For Profit     Nonprofit                                     Government

Offer Department Ride Alongs     Yes     No    Restrictions, if any  
Information Unique to Your Service

Your primary reason you are joining PAAW?

What benefits or services are most important to you from PAAW?

**Member Dues (ambulance service or group)**

Dues provide 12 months of membership and begin on the first day of the preceding month in which the form is submitted with required dues payment. Dues are based on the number of ambulance runs in the preceding calendar year.

Select the number of ambulance runs completed last year (check appropriate box):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Out-of-State (\$400)   | <input type="checkbox"/> 2,501 to 5,000 (\$750)     | <input type="checkbox"/> 12,501 to 15,000 (\$2,500) |
| <input type="checkbox"/> 0 to 500 (\$400)       | <input type="checkbox"/> 5,001 to 7,500 (\$1,000)   | <input type="checkbox"/> 15,001 plus (\$4,000)      |
| <input type="checkbox"/> 501 to 1,000 (\$400)   | <input type="checkbox"/> 7,501 to 10,000 (\$1,500)  |   |
| <input type="checkbox"/> 1,001 to 2,500 (\$400) | <input type="checkbox"/> 10,001 to 12,500 (\$2,500) |   |

PAAW pays on behalf of each member a \$75 annual fee to the North Central EMS Cooperative. There is nothing that you need to do, except enjoy the benefits of North America's largest EMS group buying program.

**Method of Payment & Submitting New Application:**

- Bill Me (Payable within 30-days of invoice date). Save or scan document and email to [joe@paaw.us](mailto:joe@paaw.us).  
Authorization to bill (type your legal name as signature):  
Today's Date:

- Check enclosed process immediately. Write check or issue payment payable to "PAAW".

Mail completed membership application and payment to:

Professional Ambulance Association of Wisconsin  
Attn: Joe Covelli, Executive Director  
922 South Park Street  
Madison, WI 53715

*Direct questions to: Joe Covelli, Executive Director, email [joe@paaw.us](mailto:joe@paaw.us) or 414-236-4192.*