

ILLINOIS STATE AMBULANCE ASSOCIATION

Post Office Box 464, Canton IL 61520, Voice: (866)774-7763

Active Membership Application

Active Members are defined as any entity or authority meeting the standards prescribed by the Board of Directors engaged in the business of providing ground ambulance services including: 1)Private, 2)Volunteer, 3)Fire Service, or 4)Governmental/Municipal ambulance services or companies.

In order to be considered for membership or retain membership in good standing, no person or organization can be found to have violated any of the provisions listed below:

- Willful violation, resulting in a conviction of any federal, state or local laws, including fraud, larceny, bribery or other egregious felonies, that would have an adverse effect on the ambulance industry
- Falsification of any information submitted to the Corporation
- Failure to meet any financial obligation justly due the Corporation
- Willful acts to discredit the Corporation
- Representing the Corporation or expressing an opinion in the name of the Corporation without official authority
- Theft or misappropriation of any property or any act to defraud the Corporation
- Engaging in any activity which may conflict with the interests, goals, and objectives of the Corporation
- Employee recruitment at any Corporation sponsored function
- Any inappropriate use of Corporation materials, resources, and information
- Knowingly engaging in illegal self-referral patterns. Illegal is meant to be any violation of the federal anti-kickback statutes.

Levels of Active membership are as follows:

- Small Provider - \$350 Annually - (Transport volume of fewer than 1000 patients annually)
- Large Provider - \$700 Annually - (Transport volume of 1001 or more patients annually)

PLEASE TYPE OR PRINT AND ANSWER ALL QUESTIONS COMPLETELY

Company Name _____

Street Address _____ City _____

State _____ Zip _____ County _____

Mailing Address _____

Phone (_____) _____ Fax (_____) _____

Contact Person: _____ E-Mail: _____

Signature: _____ Title: _____ Date: ____ / ____ / ____

URL: _____

**Please send a completed application along with a check or money order to:
Illinois State Ambulance Association, Post Office Box 464, Canton IL 61520**