Illinois State Ambulance Association
Post Office Box 464 • Canton IL 61520 • Voice: (217) 720-9687 • Fax: (217) 689-2288 • Email: illinoisambulance@gmail.com

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: private, volunteer, fire service, or governmental/municipal ambulance services or companies.

In order to be considered for active 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 felonies, that would have an adverse effect on the ambulance industry
• Falsification of any information submitted to the Association
• Failure to meet any financial obligation justly due the Association
• Willful acts to discredit the Association
• Representing the Association or expressing an opinion in the name of the Association without official authority
• Theft or misappropriation of any property or any act to defraud the Association
• Engaging in any activity which may conflict with the interests, goals, and objectives of the Association
• Employee recruitment at any Association sponsored function
• Any inappropriate use of Association materials, resources, and information
• Knowingly engaging in illegal self-referral patterns

Active Membership (Bronze level) in the Association is based upon annual transport volume and is outlined in the Base Active Membership Dues Schedule below. For those members that wish to contribute more, they may do so by contributing 150% of the required dues amount (Silver level) or 200% of the required dues amount (Gold level). For those members that wish to contribute and participate at an even higher level and become more engaged in the legislative and regulatory process, a Platinum level membership is applicable.

<table>
<thead>
<tr>
<th>Annual Transport Volume</th>
<th>Bronze</th>
<th>Silver</th>
<th>Gold</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1-1,000)</td>
<td>$500</td>
<td>$750</td>
<td>$1,000</td>
</tr>
<tr>
<td>(1,001-2,500)</td>
<td>$1,000</td>
<td>$1,500</td>
<td>$2,000</td>
</tr>
<tr>
<td>(2,501-5,000)</td>
<td>$1,500</td>
<td>$2,250</td>
<td>$3,000</td>
</tr>
<tr>
<td>(5,001-10,000)</td>
<td>$2,000</td>
<td>$3,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>(10,001-15,000)</td>
<td>$2,500</td>
<td>$3,750</td>
<td>$5,000</td>
</tr>
<tr>
<td>(15,001-20,000)</td>
<td>$3,000</td>
<td>$4,500</td>
<td>$6,000</td>
</tr>
<tr>
<td>(20,001+)</td>
<td>$3,500</td>
<td>$5,250</td>
<td>$7,000</td>
</tr>
</tbody>
</table>

Note: 100% of dues paid to the Association are considered non-deductible by the Internal Revenue Service.

[] I wish to join the ISAA at the [please circle one of the following levels] Bronze – Silver – Gold level for the amount of $__________.
[] Enclosed is a check or money order for the entire amount of my first year of membership
[] Enclosed is a check or money order for one quarter of my first year of membership. Please bill me quarterly for the remainder of the membership.

By signing below I attest that __________________________________________ [please print name of organization] meets the standards for membership listed on this application.

Signature________________________________________________________   Date_____/_____/______
Member Information

Organization: ____________________________________________________________

Address: ________________________________________________________________

________________________________________________________________________

City:_____________________________ County:_______________________________

State:___________________________ Zip Code:___________________________

Voice: (____) ____ - _______ Fax: (____) ____ - _______ URL:______________________________

Primary Contact:_________________________________________________________________________

Position: __________________________________________________________________________

Voice: (____) ____ - _______ Fax: (____) ____ - _______ Email:______________________________

Secondary Contact:_______________________________________________________________________

Position: __________________________________________________________________________

Voice: (____) ____ - _______ Fax: (____) ____ - _______ Email:______________________________

Tertiary Contact:_________________________________________________________________________

Position: __________________________________________________________________________

Voice: (____) ____ - _______ Fax: (____) ____ - _______ Email:______________________________