

AMBULANCE ASSOCIATION OF SAN DIEGO COUNTY ASSOCIATE MEMBERSHIP APPLICATION

BUSINESS INFORMATION

Name of Firm Business:		
Doing Business As:		
Current address:		
City:	State:	ZIP Code:

APPLICANT INFORMATION

Name of Primary Applicant:		
Current address:		
City:	State:	ZIP Code:

SECONDARY / TERTIARY APPLICANT INFORMATION

Name of Secondary Applicant:		
Current address:		
City:	State:	ZIP Code:
Name of Tertiary Applicant:		
Current address:		
City:	State:	ZIP Code:

REFERENCES

Name	Address	Phone

SIGNATURES

I, the Applicant authorize the verification of the aforementioned information provided on this form.	
Signature of applicant:	Date:
Printed Name of Applicant:	
Signature of AASDC Member:	Date:
Print Name of AASDC Member:	

Fee Notice: There will be a one-time initial fee of \$100.00. The annual Non-voting Associate Membership fee is \$250.00

AMBULANCE ASSOCIATION OF SAN DIEGO COUNTY

MEMBERSHIP APPLICATION

CLASS OF MEMBERSHIP

- 1. Active Member** – (voting) Any organization engaged in the business of providing fee for service ground ambulance transportation in the County of San Diego, licensed by the San Diego County Department of Health Services and authorized by the California Highway Patrol. Members having more than one (1) operating division shall be recognized with a single representative, for each active operating division, who shall have one vote on matters of official business as voted on by the Association. Only active members can vote.

- 2. Commercial Member** – (non-voting) A Commercial Member is any person, partnership or duly existing and qualified corporation, manufacturing, renting, selling equipment or providing service used by private professional ambulance providers. Commercial Members shall not be entitled to hold office or vote.

STANDARDS OF CONDUCT

In order to be considered for membership or retain membership in good standing, no person or organization can be found to have violated any one or more of the following standards:

1. Conviction of any Federal, State, local laws, including fraud, larceny, bribery, or other egregious felonies that would have deleterious effects on the ambulance industry.
2. Falsification of any information submitted to the Association.
3. Failure to meet any financial obligation justly due the Association.
4. Willful acts to discredit the Association.
5. Representing the Association or expressing an opinion in the name of the Association without official authority.
6. Theft or misappropriation of any property or any act to defraud the Association.
7. Engaging in any activity which may conflict with the interests, goals, and objectives of the Association.
8. Employee recruitment at any Association sponsored function.
9. Any inappropriate use of Association materials, resources and information.
10. No member shall knowingly engage in any illegal self-referral patterns. Illegal is meant to be any violation of federal anti-kickback statutes.

I understand that only Active Members representing private for profit ambulance services are entitled to hold office and vote and that this application is subject to the approval of the Board of Directors of the Association, and that if this application is not accepted, my application fee will be returned in full. Until such time, I shall be designated as a member applicant. If elected to membership, I pledge to conform to the articles, bylaws, code of ethics, professional standards and other official acts of the Ambulance Association of San Diego County.

By: _____ Title: _____

Signature

Date