



APPLICATION FOR MEMBERSHIP

Business Name: _____

Legal Name: _____

Business Address: _____

Mailing Address: _____

Website: _____ Telephone: _____

Number of Employees: FTE: _____ PTE: _____ Number of Ambulances: _____

List all Mississippi counties in which business is licensed: _____

The voting member of the Mississippi Ambulance Association will be the Principal Company Representative or the Alternate Company Representative listed below.

Principal Company Representative (CEO/President/Executive Director/Owner):

Name: _____ Title: _____

Email address: _____

Office Telephone: _____ Cell Phone: _____

Alternate Company Representative (COO/CFO/Vice-President/Director): _____

Name: _____ Title: _____

Email address: _____

Office Telephone: _____ Cell Phone: _____



\$500 Annual Membership Dues

(Application is not complete until accepted by MAA and dues are paid in full)

Principal Company Representative Signature

Date

Office use only:

_____ Application Approved _____ Application Denied (reason): _____

MAA Signature

Date

MAA Title

Revised: 03142022