

AMERICAN AMBULANCE ASSOCIATION

2026 Membership Application

 New Membership

 Renewal / Reactivation

Organization Name

Address

Primary Contact Name

Email

Job Title

Calculate Dues

Description	Line Total
Annual Ground Ambulance Transports # _____ Annual Ground Transports X Rate Below <ul style="list-style-type: none"> Single State Providers: \$578 Minimum, \$12,900 Cap. Single-state per-transport rate is \$0.37 for for-profit, non-profit, hospital-based, and governmental services. Multistate Providers: \$12,900 Minimum, \$120,000 Cap. Multistate per-transport rate is \$0.17. Volunteer-staffed providers: \$262.50 Minimum. Volunteer per-transport rate is \$0.17. <i>Note: Fire-based services have full access to benefits but do not vote in association board elections.</i>	
Annual Air Ambulance Transports	\$1.00 x _____ Annual Air Transports (All provider types.)
Vendor Membership	<input type="checkbox"/> \$2500 Membership Only <input type="checkbox"/> \$6000 Membership + Annual Conference 10x10 Booth <input type="checkbox"/> \$6000 Membership + Annual Conference Vehicle Space Conference in Las Vegas April 20–22, 2026
State Ambulance or EMS Association	\$1500 Benefits open to association staff, board, chairs.
Total	

Required for Ambulance Providers Only

Check All That Describe Your Organization:

<input type="checkbox"/> For-profit	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Hospital-Based	<input type="checkbox"/> Fire-Based	<input type="checkbox"/> Governmental	<input type="checkbox"/> Public Utility Model	<input type="checkbox"/> Primarily Air Medical	<input type="checkbox"/> Primarily Volunteer-Staffed
<input type="checkbox"/> Serves Urban Areas	<input type="checkbox"/> Serves Rural Areas	<input type="checkbox"/> Serves Super-Rural Areas	<input type="checkbox"/> 911 Provider	<input type="checkbox"/> 911 Backup Provider	<input type="checkbox"/> Offers Non-Emergency	# of States Served	
% of Ground Transports that are Emergency: _____ %		% of Ground Transports that are Non-Emergency: _____ %		# Ground Ambulances			

Payment Details

<input type="checkbox"/>	Credit Card #		Exp Date	
	Zip Code		CVV2	
			Signature	
<input type="checkbox"/>	Check #			

RETURN INVOICE & PAYMENT TO:
 American Ambulance Association
 PO Box 96503 #72319
 Washington, DC 20090-6503

QUESTIONS?
www.ambulance.org
 202-802-9020
hello@ambulance.org

Thank you for your support of the American Ambulance Association.

50% of dues are allocated to lobbying. EIN#06-0924858

Updated September 12, 2025