

ALL LEVELS INCLUDE VOTING RIGHTS

Diamond Level

- \$10,000 annual fee (\$1,000/monthly credit card option)
 - Conference Room Stay (2 night stay):
1 Condo & 1 Hotel Room **or** 3 Hotel Rooms
 - Registrations:
 - 4 Annual Conference
 - 4 Seminar/Event
 - 20% off additional registrations
 - 8 Collateral give-away bags (t-shirts, USBs, hats, bags, etc.)
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Platinum Level

- \$5,000 annual fee (\$500/monthly credit card option)
 - Conference Room Stays (2 night stay):
1 Condo or 2 Hotel Rooms
 - Registrations:
 - 3 Annual Conference
 - 2 Seminar/Event
 - 20% off additional registrations
 - 3 Collateral give-away bags (t-shirts, USBs, hats, bags, etc.)
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Gold Level (minimum level for multi-state providers)

- \$2,500 annual fee (\$250/monthly credit card option)
 - Registrations:
 - 2 Annual Conference
 - 2 Seminar/Event
 - 20% off additional registrations
 - 2 Collateral give-away bags (t-shirts, USBs, hats, bags, etc.)
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Silver Level

- \$1,500 annual fee (\$150/monthly credit card option)
 - Registrations:
 - 1 Annual Conference
 - 1 Seminar/Event
 - 2 Collateral give-away bags (t-shirts, USBs, hats, bags, etc.)
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Membership

- \$500 annual fee (\$50/monthly credit card option)



TEXAS AMBULANCE ASSOCIATION 2019 MEMBERSHIP APPLICATION

The Texas Ambulance Association membership runs annually from January 1st—December 31st. Join today to receive the member status and the benefits of full membership. Support your association as they work to help the ambulance industry in the State of Texas. Please check the membership level and complete the information (even if this is a renewal). You may submit your application via email, fax or mail. If you have any questions, please feel free to contact us. Thank you and we look forward to serving you for another year.

- DIAMOND LEVEL—\$10,000 annual fee**
- PLATINUM LEVEL—\$ 5,000 annual fee**
- GOLD LEVEL—\$2,500 annual fee**
- SILVER LEVEL—\$1,500 annual fee (minimum level for multi-state providers)**
- MEMBERSHIP—\$500 annual fee**

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Please choose one: One Time Charge Recurring Charge

Credit Card Type: VISA MASTERCARD DISCOVER

Credit Card Number: _____

Exp Date: _____ CVV Code: _____

Total Charges: _____

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