



# MEMBERSHIP APPLICATION

NWAAR Corporate Office:  
2500 NE Neff Road • Bend, Oregon 97701  
541.706.4905 • Fax 541.706.4925 • www.nw-aar.org

## GENERAL INFORMATION - Please fill out completely.

Company/Service Name: \_\_\_\_\_

Corporate Headquarters: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Dispatch Toll-Free #: \_\_\_\_\_ Dispatch Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Why do you want to join NWAAR? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEMBERSHIP CLASSES - See NWAAR Bylaws for further Membership information.

- NEW MEMBER - 1st Year** \$1500  
Criteria: Voting Membership is limited to Air Ambulance Services that hold a current Oregon, Washington or Idaho State Department of Human Services Emergency Medical Services & Systems Ambulance License, specifically for air ambulance who routinely transport patients.
- ANNUAL RENEWING MEMBER** \$750  
Criteria: NWAAR dues are current.
- ASSOCIATE MEMBER - No Voting Rights** \$375  
Criteria: Associate Membership is available to individuals or groups that would bring value to NWAAR's Primary Objectives. This would include persons, partnership, corporation or other business entity, which is involved in some manner in emergency medical services within Oregon, Washington or Idaho.

## DESIGNATED OFFICIAL NWAAR VOTING REPRESENTATIVE

Designated NWAAR Official Voting Representative: \_\_\_\_\_

Alternate NWAAR Voting Representative: \_\_\_\_\_

NWAAR Proxy Voting Signature: \_\_\_\_\_

Proxy Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please send NWAAR a brochure of your service or base of operations along with this application to:  
NWAAR - North West Association of Aeromedical Responders • 2500 NE Neff Rd. • Bend, OR 97701