

# LOS ANGELES COUNTY AMBULANCE ASSOCIATION, INC.

## *MEMBERSHIP APPLICATION*

### CLASS OF MEMBERSHIP

- 1. Active Member** – (voting) Any organization engaged in the business of providing fee for service ground ambulance transportation, licensed by the Los Angeles 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 Los Angeles County Ambulance Association.

By: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# LOS ANGELES COUNTY AMBULANCE ASSOCIATION

## MEMBER DATA (ALL MEMBERS)

Company Name:

Street address:

City:

State:

Zip Code:

Mailing address:

Phone Number:

Fax Number:

E-Mail Address:

Officer or Director Name:

Title:

Officer or Director Name:

Title:

Officer or Director Name:

Title:

Officer or Director Name:

Title:

Primary Company Representative (Voting):

Title:

Alternate Company Representative:

Title:

## OPERATIONS INFORMATION (ACTIVE MEMBERS)

CHP License Number:

Number of L.A. County Licensed Ambulances:

Number of L.A. City Licensed Ambulances:

Number of Basic Life Support (BLS) Ambulances:

Number of Advanced Life Support (ALS) Ambulances:

Number of Critical Care Transport (CCT) Ambulances:

## EMPLOYEE INFORMATION (ACTIVE MEMBERS)

Number of Field EMT'S:

Number of Field Paramedics:

Number of Field CCT-RN's and RT's:

Total Number of Field Employees:

## COMMERCIAL MEMBER INFORMATION

Type of Service Provided:

Website Address: