



**VIRGINIA ASSOCIATION OF GOVERNMENTAL
EMERGENCY MEDICAL SERVICE ADMINISTRATORS**

623 North Avenue, Charlottesville, VA 22091

Phone: 434-531-3698 FAX 434-295-9302

Email: vagemsa1@vagemsa.org

EIN # 54-1583252

Membership Application

Agency: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Phone: ()	FAX: ()
Agency Website: _____	

ANNUAL AGENCY DUES

Primary Delegate:	\$75.00
Alternate:	included
Additional Memberships (\$15.00 each)	
1.	\$
2.	\$
3.	\$
Total Remittance Due	
	\$

Please review the attached membership information and provide supporting comments for the level of membership being requested.

Type of membership requesting (please check one): Active Associate

Supporting comments (attach additional sheet if necessary):

VAGEMSA Membership Categories

BOARD OF DIRECTORS – The Board of Directors of the Association shall have voting authority and consist of one appointed representative and one alternate from each of the organizations represented.

ADDITIONAL AGENCY MEMBERS – Additional agency members may be appointed by the organization represented. Additional agency members do not have voting privileges, unless acting in the absence of their primary and alternate agency member.

ASSOCIATE MEMBERS: The Association may bestow an ASSOCIATE MEMBERSHIP upon an organization or an individual serving in a coordination or management position of an EMS organization, but who does not otherwise qualify for an active member status. Associate Members shall be subject to payment of dues but will not have voting privileges and may be removed at any time at the discretion of the Board of Directors.

Associate Members must be recommended to the Board of Directors at least thirty (30) days prior to a scheduled meeting and approved by at least 2/3 of the quorum of members.

Letter of Interest

Please complete the following information and mail or email to VAGEMSA at the address provided above.

Organization:

Contact Person:

Mailing Address:

Email Address:

Phone and FAX Numbers:

_____ Yes, my agency is interested in joining. Our \$75.00 membership fee will follow with an invoice.

_____ Please bill my agency for membership at the above address.

_____ I am interested in your \$15.00 individual membership, payment to follow with an invoice.

Change of Status Notification

_____ Please remove the following name(s) from your mail/email listing.

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |