



Kentucky Ambulance Providers Association Inc.

PO Box 165
Hartford KY 42347

Membership Application

Contact Person:			
Organization:			
Mailing Address Line 1:			
Mailing Address Line 2:			
City:	State:	Zip:	
Business Phone:	Business Fax:		
E-Mail:			
KBEMS License Number:	Number Licensed Ambulances:		
Base County:	KAPA Region:		
Type of Ownership:	<input type="checkbox"/> Government	<input type="checkbox"/> Fire	
	<input type="checkbox"/> Private	<input type="checkbox"/> Volunteer District	
	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other	
Application Date:			
Dues Paid: Calendar Year Jan 1 through Dec. 31	<input type="checkbox"/> \$300.00 - 1-4 Licensed Ambulances		
	<input type="checkbox"/> \$500.00 - 5-8 Licensed Ambulances		
	<input type="checkbox"/> \$750.00 - 9+ Licensed Ambulances		
	<input type="checkbox"/> \$150.00 - Affiliates		

KAPA EIN: 81-0589365

Please make check payable to **KAPA** and mail your application and check to:

Kentucky Ambulance Providers Association
Attn: Ashley Powell
PO Box 42
Stanford, KY 40484

Thank you for supporting your Kentucky Ambulance Providers Association
Follow us on the Internet at www.KyAPA.com