



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"/> \$150.00 Provider Annual Dues				
	<input type="checkbox"/> \$100.00 All Volunteer Service				
	<input type="checkbox"/> \$100. Affiliate Member				

KAPA EIN: 81-0589365

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

Jim Duke  
Kentucky Ambulance Providers Association Inc.  
PO Box 165  
Hartford KY 42347

*Thank you for supporting your Kentucky Ambulance Providers Association*  
Follow us on the Internet at [www.KyAPA.com](http://www.KyAPA.com)