



**NHAA**  
P.O. Box 2344  
Concord, NH 03302-2344

(603) 228-3193

## Application for Membership

Service Name \_\_\_\_\_

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

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Service Area \_\_\_\_\_

Years have you been in Business? \_\_\_\_\_

*I understand that this application is subject to approval of the Board of Directors of the New Hampshire Ambulance Association. If admitted to membership, we pledge to conform to the articles, by-laws, code of ethics, professional standards and other official acts of the New Hampshire Ambulance Association. I understand that no application fee has been requested at this time, but that financial participation of a minimum of \$75. per year will be assessed. Any other donations are tax deductible.*

Application made by \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

**Please insure that you complete all of the  
information requested above.**

*Thank you for your interest in the New Hampshire Ambulance Association.*