



INDIVIDUAL MEMBERSHIP APPLICATION
Ohio Association of Emergency Medical Services
 Post Office Box 4158
 Sidney, Ohio 45365-4158
 800.383.9960 937.497.0542 937.492.6335 (fax)
 www.oeams.org



Please type or print information below as completely as possible. Please utilize given names and your address as it appears on your utility bills.

Please check appropriate box: NEW RENEWAL SENIOR SPOUSAL

NAME _____ COUNTY _____

ADDRESS _____

CITY _____ STATE _____ ZIP+4 _____

HOME PHONE _____ WORK PHONE _____

CELL/OTHER PHONE _____ FAX _____

E-MAIL ADDRESS _____ WOULD YOU PREFER INFORMATION POSTAL OR E-MAIL

TYPE OF WORK _____

EMTB EMTI EMTA FF RN 1ST RESP OTHER _____

AFFILIATION _____

RECOMMENDED FOR MEMBERSHIP BY: _____

MEMBERSHIP FEES
 ANNUAL INDIVIDUAL MEMBERSHIP: \$40.00
 SENIOR ANNUAL MEMBERSHIP: \$35.00 (OVER 55)
 SPOUSAL ANNUAL MEMBERSHIP: \$30.00
 (MUST BE SUBMITTED ALONG WITH A REGULAR MEMBERSHIP FEE AND APPLICATION)

METHOD OF PAYMENT: CASH - AMOUNT _____ CHECK - AMOUNT _____

CREDIT CARD: VISA MC DISCOVER AMOUNT CHARGED _____

CREDIT CARD NUMBER _____ EXP DATE _____

INDIVIDUAL MEMBERSHIP BENEFITS - INCLUDED WITH YOU PAID INDIVIDUAL MEMBERSHIP*:

- "The voice of: OHIO EMS" - the magazine published for our membership at least four times a year.
- Quarterly EMS continuing education conferences at reasonable prices.
- Blanket death and disability insurance #1 (see information on back of this form).
- Blanket death and dismemberment insurance #2 (see information on back of this form).
- A voice in several EMS groups including, but not limited to: Ohio EMS Board, NAEMT and many others.
- A voice in EMS legislation with a registered Legislative Agent on board.
- Networking and camaraderie with other EMS providers.
- A vote on all OAEMS business and in all OAEMS election of officers.
- Other benefits too numerous to mention.

*benefits may be discontinued or changed without notice.

DATE APPLICATION RECEIVED, POSTMARKED, FAXED: _____ EXPIRATION DATE _____

CARD SENT ENTERED INTO COMPUTER ADDRESS CHANGE OR ADDITION MADE ENTERED BY _____

COMMENTS _____

OAEMS DEATH AND DISABILITY INSURANCE #1

(for paid individual membership only)

This blanket insurance is included in the cost of the Individual Membership fee and is provided through the DAYMONT INSURANCE COMPANY OF DAYTON, OHIO. Underwriter/Insurer for this program is AIG/AMERICAN INSURANCE GROUP. It includes, but is not limited to, the following coverage:

- \$10,000.00 ACCIDENTAL DEATH AND DISABILITY BENEFIT - TAX FREE
- \$100.00 per week non-taxable disability income - TAX FREE
- PAYS FIRST - not affected by Worker's Comp. or other benefits.
- Additional 10% paid benefit when wearing a seatbelt - if death occurs.
- Covers ALL EMS related activities - regardless of how many places the member is employed.
- NO LIMITATIONS on gender or health conditions (no physical required).
- Pays on all "ON-DUTY" EMS activities including traveling to, during, or traveling from an EMS call, meetings, trainings, or any departmental authorized activity - PAID OR VOLUNTEER.

Checks will come directly to you for you to use as you determine. This insurance serves as an additional income for full time EMS providers (in addition to Workers Compensation or other benefits). It will provide a primary income for volunteer or part time EMS providers.

OAEMS DEATH AND DISMEMBERMENT INSURANCE #2

(for paid individual membership only)

This blanket insurance is also included in the cost of a paid individual membership and is provided through the AMERICAN INCOME LIFE INSURANCE COMPANY OF CINCINNATI, OHIO. This insurance includes a \$1000.00 death and dismemberment benefit. You will receive a mailing that will include an enrollment card and a letter advising you that you are eligible for the AMERICAN INCOME PARTNERS PROGRAM, which provides substantial discounts on:

→ **PRESCRIPTIONS**
→ **HEARING CARE**
→ **VISION CARE**
→ **CHIROPRACTIC CARE**

(at no cost for one year)

→ **DENTAL CARE**
→ **TRAVEL DISCOUNTS**
→ **24 HOUR NURSE LINE**
→ **EMERGENCY TRAVEL ASSIST**

(optional)

Under this \$1000.00 AD&D benefit, you are covered whether you return the card or not. Please, remember that if you do not return the card you will not be able to designate a beneficiary. If you do not designate a beneficiary, your \$1000.00 benefit may be paid to your estate. No AIL Representative will contact you unless you send in the card!

These insurance policies alone are worth more than the price of an Individual Membership in OAEMS.

DON'T WAIT! JOIN OAEMS TODAY!

Call: 800.382.9960 - 937.497.0542 - 937.492.6335 (fax)

FILL OUT APPLICATION ON OTHER SIDE AND MAIL TO:

OHIO ASSOCIATION OF
EMERGENCY MEDICAL SERVICES
POST OFFICE BOX 4158
SIDNEY, OHIO 45365 - 4158