



Association of Critical Care Transport (ACCT)
Individual Membership
\$140 annually

GENERAL INFORMATION:

Individual Name:
Organization Name:
Address:
City: State: Zip:
Email:
Phone: Cell:

Individual Membership Benefits:

Individuals with an interest in promoting the vision, mission, and goals of the ACCT whose employer is a regular, associate, or affiliate member of ACCT or former patients or crew involved in an accident (including family members of the same) are invited to join as individual members on their own behalf. Individual members are able to attend meetings, serve as non-voting members on committees, and may serve as a non-voting member of the Board of Directors.

PARTICIPATION IN ACCT

Are you interested in becoming a volunteer on a Committee? Please indicate your area(s) of interest below.

- Finance and Development Committee
Communications Committee
Standards/Quality
Metrics Committee
Education Committee
Policy Committee
Governance Committee

PAYMENT INFORMATION

Payment Options - \$140

- Check
Visa
MasterCard
American Express
Discover
(a processing fee may apply)

Card #: \_\_\_\_\_

Expiration Date (month/year): \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Credit Card Billing Address (if different from above):

Name on card: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Completed applications may be submitted to one of the following:

Mail to: ACCT, PO Box 170, Platte City, MO 64079

Fax: (816) 858-6177

Email: membership@acctforpatients.org

Questions? Call Melissa Coons at 816-858-6175 or email membership@acctforpatients.org or go to www.acctforpatients.org