



**Association of Critical Care Transport (ACCT)**  
**2018 INTERNATIONAL MEMBERSHIP APPLICATION**

Please submit your completed and signed membership application to Fax# (816) 858-6177 or mail to Association of Critical Care Transport, PO Box 170, Platte City, MO 64079, or email to [mcoons@medserv.us](mailto:mcoons@medserv.us). For any questions regarding the membership application, please contact Melissa Coons at (816) 858-6175, or [mcoons@medserv.us](mailto:mcoons@medserv.us), or ACCT Executive Director Roxanne Shanks at [rshanks@acctforpatients.org](mailto:rshanks@acctforpatients.org).

**Membership Information**

Name of Organization: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

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

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Program Information and Dues**

International Membership is \$1,160 per year. Please see the ACCT Membership Benefits and Dues information at [www.acctforpatients.org](http://www.acctforpatients.org) for detailed information.

Please provide the following information:

	# of units staffed 12-24 hours/day
Helicopters	
Fixed Wing Aircraft	
Ground Critical Care and/or Specialty Transport	

Please provide a list of make and model of aircraft owned or operated by your organization.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a list of the make and model of critical care ground vehicles owned or operated by your organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Participation in ACCT

### Areas of Interest for Specific Involvement for Primary Contact:

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

### Areas of Interest for Specific Involvement for Other Individuals in Your Organization:

Please provide contact information and interest areas for other individuals in your organization who will be participating in ACCT:

#### Areas of Interest:

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

Name/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Cell: \_\_\_\_\_

#### Areas of Interest:

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

Name/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Cell: \_\_\_\_\_

### Please answer the following:

1. Are you an FAA part 135 certificate holder?  Yes  No
2. How many of your RW are:
  - Affiliated with a hospital or healthcare system? \_\_\_\_\_
  - Community-based? \_\_\_\_\_



## Dues Payment Information

### Payment Methods

Payment options for International Member annual dues (please check one).

- Credit Card
- Payment Enclosed; Check # \_\_\_\_\_  
(Payable to Association of Critical Care Transport, PO Box 170, Platte City, MO 64079)
- Request for Invoice

<p><b>Credit Card payment</b></p> <p><input type="checkbox"/> Visa   <input type="checkbox"/> MasterCard   <input type="checkbox"/> American Express   <input type="checkbox"/> Discover</p> <p>Card #: _____</p> <p>Expiration Date (month/year): _____</p> <p>Authorizing Signature: _____</p>	<p><b>Credit Card Billing Address (if different from above):</b></p> <p>Name on card: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Country: _____ Phone: _____</p> <p>Email: _____</p>
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**Invoice:** Name and address where invoice should be sent if different than the primary contact listed on page one.

Name: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

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

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

## General Support of ACCT Vision, Mission, Values and Platform

Your signature at the end of the application form is an affirmation of your general agreement to support the Vision, Mission, Values and Platform (outlined on the website [www.acctforpatients.org](http://www.acctforpatients.org)) of ACCT.

I, \_\_\_\_\_ (print name) generally support the Vision, Mission, Values and Platform as outlined above, of the Association of Critical Care Transport (ACCT).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date