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Jimmy Johnson, Treasurer
Greg Reid, Secretary



Angie Lehman, NE Representative
Vanessa Brewington, NW Representative
Eddie Sims, Central Representative
Richard Robinson, SW Representative
Bob Hargis, SE Representative
Joe Barrett, At-Large Representative

September 6, 2013

Dear Oklahoma Ambulance Providers:

The 2014 Oklahoma Ambulance Association's (OKAMA) membership drive has begun! I want to personally invite all our current members to renew their membership for 2014 today and all non members to strongly consider joining this association. We as an industry continue to face incredible reimbursement and funding issues as well as regulatory concerns at a local and statewide level. The challenges facing ambulance providers in Oklahoma are more complex than ever and only through your support can the Oklahoma Ambulance Association continue to work on your behalf.

The EMS providers and corporate members in this state have been very supportive of the association over the last year and that support is appreciated. As we approach our second educational conference this year we at OKAMA are pleased with our efforts, yet resolute in our desire to work even harder during the upcoming year. OKAMA membership has held steady from 2010 through 2013 and we want to see it grow for this upcoming year.

We want *every provider* to join our association and to be part of the ongoing efforts of improving the *state of EMS in Oklahoma*. With the help and support of our member companies, OKAMA provides the following benefits for EMS organizations across the state.

- To make sure all services are involved, OKAMA provides complimentary membership to small services that transport fewer than 100 patients a year and provides unlimited conference attendance at no cost to those companies that pay \$2,500 or more in annual dues.
- Ambulance providers in this state continue to see the significant financial benefit from a past increase in the state Medicaid reimbursement that OKAMA was instrumental in obtaining as well as fee schedule negotiations with 3rd party payors.
- OKAMA employs and works in concert with a Legislative Advocate working on behalf of ambulance providers across the state.
- OKAMA provides two quality educational conferences bringing national experts to provide over 16 hours of high quality education to representatives across the state – at no cost to member representatives.

- OKAMA provides countless hours of "onsite" at the capital providing education and tracking legislation by OKAMA members identifying and monitoring potential changes in the laws and regulations that could be helpful or harmful to ambulance providers.
- OKAMA continues to be a significant participant in the state, participating on many advisory committees, assisting in policy development important to EMS
- OKAMA communicates with its members through Facebook and a website with a "members only" section complete with information important to providers. Visit us at www.OKAMA.org
- OKAMA provides members access and networking possibilities with other ambulance providers and with equipment and services providers important to our industry.

OKAMA continues to be strong. Our member companies account for nearly 90% of all ambulance transports in the state of Oklahoma. These numbers continue to allow OKAMA to be a strong advocate for the Oklahoma ambulance industry.

Included with this letter is a membership application or invoice. Please complete and return your 2014 membership application and dues before the end of this current year. For those of you who must calculate membership fees based on 2013 call volume you may do so using a mathematical estimation. Only through your participation and support will we have a stronger, more unified voice to represent Oklahoma ambulance providers. Our industry continues to face many challenges but together we can continue to maintain excellence in Oklahoma EMS.

Respectfully,



Ray Simpson

President

Enc: Membership application/Invoice

OKAMA- Oklahoma Ambulance Association

2014 Active Membership Application

Effective January 1, 2014—December 31, 2014

Article III; Section 1 & 2—Membership

Section 1. Membership Criteria

Eligibility for membership shall be approved by a majority vote of the Board of Directors and shall not be denied for reason of race, color, religion, sex, age or national origin. Membership will be open to any organization or entity meeting the criteria established in Section 2, [Classes of Membership], and willing to abide by the by-laws of the association.

Section 2. Classes of Membership

Active Membership:

Any Oklahoma organization engaged in the business of providing fee for service ground ambulance transportation which meets the standards of the Board of Directors, and is not eligible for any other membership category. Each active member organization shall designate a single representative who shall retain the sole authority and privilege of the member for the purposes of voting on official business of the Association. Only active members can vote.

Membership dues:

Your dues are calculated by the number of transports your service had (or is expected to have) for the previous year, (2013). Please use the following formula to calculate your 2014 Membership dues. NOTE: If your company had 100 transports or less your membership is free, if you pay \$2,500 or more your company will receive unlimited free attendance at the two OKAMA conferences, please complete and return the form for Active OKAMA membership

If your service transports less than 2000 annual transports: # of transports _____ X .50 = _____

OR

If your service transports greater than 2001 annual transports: 0 to 6000 transports _____ X .60 = _____

PLUS 6001+ transports _____ X .15 = _____

Maximum dues \$4,250.00, per State License number *Total amount due:* _____

Membership Information: Number of Ambulances your service has: _____ Ground _____ Air if applicable

Service Name: _____

Director: _____ Contact person: _____

Address: _____

City/State: _____ Zip: _____

Business phone: _____ Fax: _____

E-Mail address: _____

Please copy this form for your records and return the original form with your membership dues to:

OKAMA-Oklahoma Ambulance Association
Attn: Steve Athey, Association Coordinator
2504 W. Owen K. Garriott #302
Enid, OK 73703
Fax: (866)464-7799

Date Paid: _____

Amount Paid: _____

Check #: _____

OKAMA- Oklahoma Ambulance Association

2014 Associate Membership Application

Effective January 1, 2014—December 31, 2014

Article III; Section 1 & 2—Membership

Section 1. Membership Criteria

Eligibility for membership shall be approved by a majority vote of the Board of Directors and shall not be denied for reason of race, color, religion, sex, age or national origin. Membership will be open to any organization or entity meeting the criteria established in Section 2, [Classes of Membership], and willing to abide by the by-laws of the association.

Section 2. Classes of Membership

Associate Membership:

Any entity engaged in the business of providing ambulance service or public safety services which are—operated fire departments, aeromedical services or ambulance services which are staffed predominately by unpaid volunteers.

Associate members cannot be eligible for Active Membership. Associate Members shall not have any voting rights, shall not hold office or serve on the board.

*Associate Membership fee for Aeromedical Services:
\$1,250.00 per year for any Aeromedical service

due: _____

*Associate Membership fee for Operated Fire Departments/Amb. Svc. Staffed unpaid volunteers:

Membership dues:

Your dues are calculated by the number of transports your service had (or is expected to have) for the previous year, (2013).

Please use the following formula to calculate your 2013 Membership dues. NOTE: If your company had 100 transports or less your membership is free, if you pay \$2,500 or more your company will receive unlimited free attendance at the two OKAMA conferences, please complete and return the form for Associate OKAMA membership.

If your service transports less than 2000 annual transports: # of transports _____ X .50 = _____

OR

If your service transports greater than 2001 annual transports: 0 to 6000 transports _____ X .60 = _____

PLUS 6001 + transports _____ X .15 = _____

Maximum dues \$4,250.00, per State License number

Total amount due: _____

Membership Information:

Service Name: _____

Director: _____ Contact person: _____

Address: _____

City/ State: _____ Zip: _____

Business phone: _____ Fax: _____

E-Mail address: _____

Please copy this form for your records and return the original form with your membership dues to:

OKAMA— Oklahoma Ambulance Association
Attn: Steve Athey
2504 W. Owen K. Garriott #302
Enid, OK 73703
(866) 464-7799

Date Paid: _____

Amount Paid: _____

Check #: _____