



*"Supporting the Nationwide Community of Charitable Aviators"*

## Volunteer Pilot Organization Initial Listing or Membership Application Form

Please use this form to provide us basic information about your group for our free website listings and for ACA telephone referrals.

If you also wish to be a member group of the Air Care Alliance use this form for your group's membership application, too. Membership is not required for listing or referrals, but we do encourage groups to join and work with us to improve the work of all public benefit flying organizations and their volunteers. A Member of the Air Care Alliance must be an independent valid nonprofit public benefit organization or have an application pending for such status, and must agree with and subscribe to the principles guiding the Alliance, as expressed on our website [www.aircareall.org](http://www.aircareall.org).

Please do provide listing information for your organization whether you wish to become a member group of ACA or not so we can make appropriate referrals to you. This information will be updated on a periodic basis. If your information changes please let us know. Also periodically review your listing on our website and let us know if it is accurate or any changes are needed. After your form is received we may request additional listing information from you.

Thank you for your interest in the Air Care Alliance - and more important - for flying to help others!

<b>Organization name:</b>	Office Phone
<b>Note: If this is a renewal</b> , please use our separate vpo-info renewal information form.	
Address line 1	Toll free phone
Address line 2	Fax
City, State, Zip	Night/24 hours
<b>Email address for organization's public listing</b>	<b>Website URL</b>

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Primary contact name		Title
Email		Phone
Secondary contact name		Title
Email		Phone
<b>PRIMARY Type of Public Benefit Flying Activity - check ONE:</b>		
<input type="checkbox"/> Ambulatory Patient Transport		<input type="checkbox"/> Environmental/Conservation
<input type="checkbox"/> Air Ambulance		<input type="checkbox"/> Nonprofit organization
<input type="checkbox"/> Non patient medical transport / clinics		<input type="checkbox"/> Emergency/Disaster Relief
		<input type="checkbox"/> Other: Describe
<b>Also provide Nonprofit status:</b>		
Type of nonprofit:		

Certification: Please check all appropriate boxes, then sign and send this form via fax or mail to the address shown.

- Please list our group and provide referrals to us.
- Optional but very preferred: Please also accept this application for voting membership in the Air Care Alliance as an ACA Member Group. Our \$100 annual dues is enclosed or being sent separately. I understand that a Voting Member of the Air Care Alliance must be an independent valid nonprofit public benefit organization or have an application pending for such status, and I certify that my group meets those criteria and subscribes to the principles of the Alliance
- Optional and very much appreciated: I / We support the Air Care Alliance but are either not a nonprofit group or we are not independently administered; please accept this application for a supporting non-voting membership in the Air Care Alliance as an ACA Supporting Member. Our \$100 annual dues is enclosed or being sent separately.
- Optional: We are a larger group and/or have good resources and we wish to make an additional contribution to further support the annual conference, communications activities, media relations, and other work of the Air Care Alliance. Please accept the enclosed additional amount of \$100\_\_\_ \$250\_\_\_ \$500\_\_\_ \$1000\_\_\_ Other Amount: \$\_\_\_\_\_

Signed  <b>x</b>	Printed	Date
Title	Email	Phone

Please complete and mail this form to: (Or fax form and mail any check)

**AIR CARE ALLIANCE**  
**P.O. Box 2741**  
**Decatur, GA 30031**

**Fax: 815-377-2611**

Thank you! If you have additional questions please contact us.