

Certification Form for Volunteer Pilot Group Referral System Listing Information and/or Membership / Supporter Form

Please print and complete this page, and if necessary the Information Form, to provide us information for your listing on our website and for ACA web-automated, telephone, and email referrals.

You may also become a Member group of the Air Care Alliance by using this form for your individual or group's membership application. Membership is not required for listing or referrals, but we strongly encourage groups to join and work with us to improve the work of all public benefit flying organizations and their volunteers. Members are recognized as adhering to high standards of service and are featured more prominently in our Listings and our referrals.

A Member of the Air Care Alliance must be an independently administered valid nonprofit public benefit organization or have an application pending for such status, and by applying must agree with and subscribe to the principles guiding the Alliance, as expressed on our website. We also welcome supportive individuals, companies, and other organizations.

It is important that you provide the most up to date facts about your organization so we can make appropriate referrals for you, whether you wish to become a member group of ACA or not. Note: any information about number of missions, distances, etc. is used to prepare general summary statistics for all volunteer flying and will not be published for particular groups. Estimates may be used. Outside inquiries about a specific group's activities will be referred to that group's listed contact.

This information will be updated on a periodic basis. If your information changes please let us know. Please also review the information we provide in your listing on our website and let us know if any changes are needed. Please provide as much information as is easily available - we can add more later if needed.

Certification: Please check all appropriate items, then sign and send the form(s) via emailed PDF, fax, or mail to an address shown. The Affirmation paragraph below must be signed and accepted for any application for or renewal of Membership or Listing. If you have questions about it contact us via email.

___ **Voting Membership:** Please accept this application for voting membership as an Air Care Alliance 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 and independently administered 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 Mission and principles of the Air Care Alliance.

___ **Supporting Membership:** I / We wish to support the work of the Air Care Alliance as an individual, a supporting company or group, or we are not a nonprofit group or we are a volunteer pilot group but not independently administered; please accept this application for a supporting non-voting membership as an Air Care Alliance Supporting Member. Our \$100 annual dues is enclosed or being sent separately. Our additional contributions are described in the next paragraph.

___ **Listing Only:** I/We are not interested in membership at this time, but please list our group and provide referrals to us as a non-Member Public Benefit Flying organization.

___ **Additional Support:** We are a larger group or organization 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 ___ \$5000 ___ Other Amount: \$ _____

REQUIRED: AFFIRMATION: I hereby affirm that the undersigned applicant organization for an Air Care Alliance Listing or for full Air Care Alliance Membership operates in compliance with all applicable laws, rules, and regulations related to the conduct of nonprofit charitable organizations and with all Federal Aviation Regulations as they relate to fuel expense reimbursement and payment of pilot expenses and, if applicable, operation of aircraft by the organization.

NAME OF GROUP – or individual - _____ **TOTAL OF ABOVE - AMOUNT TO PAY BELOW: \$** _____

Signed x	Printed Name	Date
Title	Email	Phone

Please complete and sign this entire form and **email a PDF scan to k.luke@aircarealliance.org** (best method) or **fax it to 815-572-9192**, or mail it addressed as shown below.

Any payments may be sent by credit card or PayPal by using our **online payment link at the bottom of the page on our site at: Member and Listing Application Page:** <http://www.aircarealliance.org/form-html> and **indicate the name on the card or PayPal Account here:** _____

Or you may send a check, mailed to the address below. Make checks payable to **Air Care Alliance**.

<p>Kris Luke, ACA Administrative Director 173 Maple Leaf Lane Pottstown, PA 19464</p>	<input type="checkbox"/> check this box if your group's information is not changed from that shown at http://www.aircarealliance.org/directory-groups If changed, complete and return the INFORMATION FORM with any changes.
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Thank you! If you have additional questions please contact us at k.luke@aircarealliance.org

Information Form

for Volunteer Pilot Group Referral System Listing Information and/or Membership / Supporter Form

Please print and complete this form to provide us information for your listing on our website and for ACA web-automated, telephone, and email referrals, or to indicate changes needed for your current listing.

check this box if your group's information is mostly the same as in any prior form you submitted or as now shown on the ACA website. If necessary, mark or correct changed or missing items only

Organization full name for our Listings:		Office phone
Address line 1		Fax
Address line 2		Toll free phone
City, State, Zip		Night/24 hours phone
Email address for organization's public listing		Website URL
Inquiry contact name		Inquiry email address
Short Tag line describing your mission:		
Primary / principal's contact name		Title
Phone	Alternate phone	Email address
Secondary contact name		Title
Phone		Email address
<input type="checkbox"/> Check if Nonprofit organization		Type of nonprofit: <input type="checkbox"/> 501 c 3 <input type="checkbox"/> applied for <input type="checkbox"/> state chartered equivalent
<input type="checkbox"/> Or other type of nonprofit or other organization – describe:		

PRIMARY Type of Public Benefit Flying Activity - check <u>ONE</u>:		
<input type="checkbox"/> Ambulatory Patient Transport	<input type="checkbox"/> Environmental/Conservation	<input type="checkbox"/> Animal Transport
<input type="checkbox"/> Air Ambulance, nonambulatory patient transport	<input type="checkbox"/> Emergency/Disaster Relief	<input type="checkbox"/> PBF Organizational Support
<input type="checkbox"/> Non patient medical transport / clinics / organs	<input type="checkbox"/> Youth Education	<input type="checkbox"/> Other: describe on blank line below:
OTHER, Secondary Type(s) of Public Benefit Flying Activity provided - check <u>ALL that apply</u>:		
<input type="checkbox"/> Ambulatory Patient Transport	<input type="checkbox"/> Environmental/Conservation	<input type="checkbox"/> Animal Transport
<input type="checkbox"/> Air Ambulance, nonambulatory patient transport	<input type="checkbox"/> Emergency/Disaster Relief	<input type="checkbox"/> PBF Organizational Support
<input type="checkbox"/> Non patient medical transport / clinics / organs	<input type="checkbox"/> Youth Education	<input type="checkbox"/> Other: describe on blank line below:
Special Notes:		
Capabilities: <input type="checkbox"/> Inflight Medical Attention	<input type="checkbox"/> Stretcher capable	
Restrictions: <input type="checkbox"/> Children only	<input type="checkbox"/> Cancer Patients only	
Service Description: Sentence or very short paragraph below to describe your group's mission.		

Continued on next page:

Check every region and/or every state served by just your group, whether for a departure or arrival location. If your group is affiliated with a larger or national group or joint marketing association, list only the states for which your own group handles flights, not the areas of the other group or the entire U.S.				
<input type="checkbox"/> Continental USA -all 48 states	<input type="checkbox"/> Canada	<input type="checkbox"/> Mexico	<input type="checkbox"/> Central America	
<input type="checkbox"/> South America	<input type="checkbox"/> Other countries or international regions (please list). If this varies then simply list "International":			
If you selected "Continental USA" you do not need to select those 48 states in the section below.				
<input type="checkbox"/> Alabama	<input type="checkbox"/> Illinois	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Dakota	
<input type="checkbox"/> Alaska	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee	
<input type="checkbox"/> Arizona	<input type="checkbox"/> Iowa	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Texas	
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Kansas	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Utah	
<input type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Vermont	
<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia	
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Maine	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Washington	
<input type="checkbox"/> Delaware	<input type="checkbox"/> Maryland	<input type="checkbox"/> North Dakota	<input type="checkbox"/> West Virginia	
<input type="checkbox"/> D.C.	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin	
<input type="checkbox"/> Florida	<input type="checkbox"/> Michigan	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Wyoming	
<input type="checkbox"/> Georgia	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Oregon		
<input type="checkbox"/> Guam	<input type="checkbox"/> Missouri	<input type="checkbox"/> Pennsylvania		
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Rhode Island		
<input type="checkbox"/> Idaho	<input type="checkbox"/> Montana	<input type="checkbox"/> South Carolina		
General Information to be used for summary statistics - an individual group's information will not be shared or publicized:				
Year group founded:	Year used for these statistics:	Missions coordinated last year:		
Missions flown last year:	Estimated Mission Flight hours last year:	Estimated average miles per mission:		
No. of Pilot Volunteers:	No. of Other Volunteers:	No. of paid staff:		
Name(s) of group(s) yours is closely affiliated with:				

Important - Signed Certification and Affirmation page MUST be returned to ACA.

Thank you! If you have additional questions please contact us at k.luke@aircarealliance.org

Write any comments or suggestions here: