

**Application for Enrollment in the
Oklahoma Association of Emergency Vehicle Technicians**

**Contact Information:
PLEASE PRINT**

Full Name: _____

Company/Department Name: _____

Address company or home: _____

City: _____

State: _____ **Zip:** _____

Telephone (Home): _____ **Telephone (Work):** _____

E-Mail Address: company _____ **/or home** _____

CHECK THE BOX OF THE MEMBERSHIP YOU WANT...
Membership Information:

Class I Mechanic \$15.00

Class IA Supervisor \$15.00

Class II Vendor \$30.00

NEW MEMBERSHIP CLASS:

DEPARTMENT MEMBERSHIP \$30.00

For departments that enroll 2 or more members from class 1. Each person must fill out an application and submit them together as department.

I hereby agree to abide by the O.A.E.V.T. Constitution and certify that I am affiliated with Emergency Vehicle repair, maintenance or supplies.

Signature: _____

Today's Date: _____

This application is for a one-year membership and is renewable on March 1, every calendar year. Send form and with check, money order, or department/company purchase order to:

**Oklahoma Assoc. of EVT C/O:
Nick Caywood
546 So. 97th. E. Pl.
Tulsa, OK 74128**