



"Supporting the Nationwide Community of Charitable Aviators"

Volunteer Pilot Organization Referral System Information Form and/or Membership Renewal Form

Please use this form to provide us information for your free listing on our website 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 independently administered 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.

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 is used to prepare general summary statistics for all volunteer flying and will not be published for particular groups.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.

Organization name:		Office Phone
Address line 1		Toll free phone
Address line 2		Fax
City, State, Zip		Night/24 hours
Email address for organization's public listing		Website URL
Primary contact name		Title
Email		Phone
Secondary contact name		Title
Email		Phone

Page break - continue on next page check this box if information is the same as on ACA website and fill in missing items only

PRIMARY Type of Public Benefit Flying Activity - check ONE - and provide nonprofit status and type:				
<input type="checkbox"/> Ambulatory Patient Transport	<input type="checkbox"/> Environmental/Conservation	<input type="checkbox"/> Nonprofit organization		
<input type="checkbox"/> Air Ambulance	<input type="checkbox"/> Emergency/Disaster Relief	Type of nonprofit:		
<input type="checkbox"/> Non patient medical transport / clinics	<input type="checkbox"/> Other: Describe			
OTHER Types of Public Benefit Flying Activity provided - check ALL that apply:				
<input type="checkbox"/> Ambulatory Patient Transport	<input type="checkbox"/> Environmental/Conservation			
<input type="checkbox"/> Air Ambulance	<input type="checkbox"/> Emergency/Disaster Relief			
<input type="checkbox"/> Non patient medical transport / clinics	<input type="checkbox"/> Other: Describe			
Check every region and/or every state served by just your group, whether for a departure or arrival location. If you work as part of a national group, list only the states your group originates flights from.				
<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":				
<input type="checkbox"/> Alabama	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Michigan	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Utah
<input type="checkbox"/> Alaska	<input type="checkbox"/> Idaho	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Vermont
<input type="checkbox"/> Arizona	<input type="checkbox"/> Illinois	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Virginia
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Indiana	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Washington
<input type="checkbox"/> California	<input type="checkbox"/> Iowa	<input type="checkbox"/> Montana	<input type="checkbox"/> Oregon	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Colorado	<input type="checkbox"/> Kansas	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Nevada	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Delaware	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> South Carolina	
<input type="checkbox"/> D.C.	<input type="checkbox"/> Maine	<input type="checkbox"/> New Jersey	<input type="checkbox"/> South Dakota	
<input type="checkbox"/> Florida	<input type="checkbox"/> Maryland	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Tennessee	
<input type="checkbox"/> Georgia	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New York	<input type="checkbox"/> Texas	

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General Information to be used for summary statistics - an individual group's information will not be publicized:		
No. of Years group operated:	No. of Missions Coordinated last year	No. of paid staff
No. of Pilot Volunteers	Estimated Mission Flight hours last year	Year used for your statistics
No. of Other Volunteers	Estimated average miles per mission	

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 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 x	Printed	Date
Title	Email	Phone

Please send this form and any payments to: (Or - fax the form and mail any payment)

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

Fax: 815-377-2611

Provide any additional comments below or on other side of page.

Thank you! If you have additional questions please contact us at mail@aircareall.org