

**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:  
Robert Sanders  
3328 NW 27<sup>th</sup> St  
Oklahoma City, OK 73107**