CALIFORNIA MEDICAL TRANSPORTATION ASSOCIATION, INC. – CMTA

2168 MOONBROOK CIR
ROSEVILLE, CA 95747
818-766-2602
www.cmtasite.com
www.cmta.us

APPLICATION FOR MEMBERSHIP
ASSOCIATE MEMBER

Company Information: **Application Date: _____**

Name _____

Address _____

Mailing Address _____

Telephone _____ Fax _____

Service Area _____

CMTA Dues: $ 400.00 per Year (must accompany this application form. Will be billed on annual basis thereafter)

Principal Contact:

Name _____Title _____ E-mail _____

Secondary Contact:

Name _____Title _____ E-mail _____

A $ 600.00 ($200 application fee + $400 annual fee) must accompany this form.

Please make check payable to **CMTA.**
Mail completed form to: **2168 MOONBROOK CIR**
ROSEVILLE, CA 95747

Authorized Representative Name:_____ Signature_____

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