

IF YOU HAVE A MEDICAL EMERGENCY CALL 9-1-1



FILL OUT THE FORM BELOW AND RETURN IT TO OUR OFFICE WITH YOUR \$60.00 PAYMENT

WE ACCEPT CASH, CHECKS, and CREDIT CARDS

Name _____
LAST FIRST

Street Address _____ City _____

Mailing Address (if different) _____

Phone Number _____

List other household members:

PAYMENT AND AUTHORIZATION:

I have enclosed my payment of \$60.00. I am paying by: Check Cash Credit Card

Credit Card # _____ Expiration Date _____ Code _____

If I am paying by credit card, I authorize Chiloquin Fire and Rescue to charge my account as listed above.

Required Signature _____ Date _____

Are you interested in AirMedCare Network membership?

If you are a member of FireMed with Chiloquin Fire and Rescue, AirMedCare Network has extended a discount cost of \$55.00 for their membership. A special form is needed to get this discount and it will show you to be a member of Chiloquin Fire and Rescue FireMed. This form is available at our District office, 201 S. First Ave Chiloquin, OR 97624.

Terms and Agreement can be read on our website at www.chiloquinfire.com