



**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 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](http://www.chiloquinfire.com)