



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

MAIL TO: CHILOQUIN FIRE & RESCUE PO BOX 437 CHILOQUIN, OR 97624
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

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW:

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 _____

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

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 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.