

MEMBERSHIP APPLICATION

To enroll, contact your local Membership Sales Manager or **tear out this page** and mail in the completed application below to: **AirMedCare Network, P.O. Box 948, West Plains, MO 65775**

I AGREE TO THE TERMS AND CONDITIONS V.01.2021 (shown within this document) FOR ALL MEMBERSHIP PRODUCTS I AM PURCHASING.							15	///Date	
	RED INEODMATI								
1. MEMBER INFORMATION (please print) Primary Member First Name				Primary Member Last Name					
Home Phone Number			Cell Pho	Cell Phone Number				Date of Birth	
E-mail Address				Current Member Ho				dID#	
Mailing Address			City		State	Zip	Coun	County	
Home Address (if different than above)		Cit	City		State	Zip	County		
Were you referred by someone? Name of person who referred			eferred yo	erred you Refer			rral's Phone# or Household ID#		
2. ADD	TIONAL HOUSE	IOLD MEN	IBERS	(for additional me	embers, write	e in empty	space on	this application)	
Secondary M	ember First Name		Secor	Secondary Member Last Name				Date of Birth	
First Name			Last	Last Name				Date of Birth	
First Name			Last N	Last Name				Date of Birth	
First Name			Last N	Last Name				Date of Birth	
BELOW CODES IMPORTAN	NT FOR PHONE AND ONLINE ENROLLMENT								
FOR OF GET CODE	FFICE USE ONLY TRACK (ODE								
13842					Appl	ication co	ontinues	on back side	
AM(N PLAN CODE	AMCN COUPON CODE								
FUH PLAN CODE	FUH COUPON CODE								
FUH-I PLAN CODE	FUH-I COUPON CODE								

3. MEMBERSHIP OPTIONS (select one)								
AMCN EMERGENT COVERAGE	10 YEAR	5 YEAR	3 YEAR	1 YEAR				
Standard Rate	□ \$769	□ \$399	□ \$249	□\$99				
Senior (60+)/Affinity Rate	□ \$589	\$299	□ \$199	□ \$79				
AMCN + *FLY-U-HOME	10 YEAR	5 YEAR	3 YEAR	1YEAR				
Standard Rate	□ \$1695	\$895	\$565	□ \$235				
Senior (60+)/Affinity Rate	□ \$1515	□ \$795	□ \$515	□ \$215				
AMCN + *FLY-U-HOME INTERNATIONAL	10 YEAR'	5 YEAR'	3 YEAR'	1 YEAR				
Standard Rate	□ \$3085	□ \$1575	\$975	□ \$375				
Senior (60+)/Affinity Rate	\$2905	□ \$1475	□ \$925	□ \$355				
EMERGENT GROUND COVERAGE		LIFETIME	2 Y E A R	1 YEAR				
Chemult RFPD		\$1000	\$100	□ \$50				
Cresecent RFPD		□ \$1000	□ \$116	□ \$58				
Rocky Point Fire EMS								
Klamath County Fire District 1								
Chiloquin Fire & Rescue								
To purchase Fly-U-Home as a stand-alone product, please call 800.793.0010 or visit www.amcnrep.com. 'Multi-year memberships not available in AK & CA. 10-year membership not available in IN.								

Terms & conditions apply. *Fly-U-Home membership applies to the contiguous 48 states. International membership includes both domestic and international travel.

4. PAYMENT OPTIONS (select one)										
Check or Money Order Payable to: AirMedCare Network, P.O. Box 948, West Plains, MO 65775 Cash										
Automatic checking account transfer (attach a voided check)	Credit Card O O O O O O O O O O O O O O O O O O O									
Total AMCN and/or Fly-U-Home amount \$	Credit Card Number									
Total FireMed and/or ParaMed amount \$										
FireMed/ParaMed tax deductible contribution \$	Expires 3 digit code on back of card									
TOTAL AMOUNT \$ Name on Bank Account	STATEMENT OF AUTHORIZATION I authorize AirMedCare Network to initiate the EFT withdrawal as indicated on this form. If I have elected to pay via credit card, I agree to abide by all terms and conditions of my credit card agreement. If I have elected to pay via EFT, I authorize my financial institution to transfer the amount indicated on the attached voided check to AirMedCare Network. Adjusting entries to correct errors are also authorized. It is agreed that these debits and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA).									
	X Signature required for automatic withdrawal Date									

YOUR LOCAL MEMBERSHIP SALES MANAGER:

Crystal Martinez | 541-707-7000

Crystal.Martinez@gmr.net | amcnrep.com/crystal-martinez









