



## STOREY COUNTY FIRE PROTECTION DISTRICT

### Ambulance Subscription Application

Subscription activates on the first day of the month following receipt of application and payment. Membership is effective for ONE YEAR.

Choose your  
coverage:

☐

Single

\$75

☐

Household

\$125

#### Household Information

Phone Number				Email		
Home Address						
City		State		Zip Code		
Mailing Address (If different)						
City		State		Zip Code		

#### Contact Information

	First Name	Last Name	Date of Birth
Primary Member			
Additional Member			
Additional Member			
Additional Member			
Additional Member			
Additional Member			
Additional Member			

☐

I AM CURRENTLY UNINSURED. I understand that I will be subject to a \$200 Co-Payment per service for the first two services and full charges for every service thereafter. (INITIAL IN BOX)

Would you like to give a donation to Storey County Fire?

\$



Payment Information
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<input type="checkbox"/>	CHECK ENCLOSED – Payable to Storey County Fire Protection District		
<input type="checkbox"/>	CASH – In person		
<input type="checkbox"/>	CREDIT CARD – Complete information below		
Name on card			
Card number			
Expiration date		Security code	
All forms must have a signature and be accompanied with payment before processing.			
Primary Member Signature:			Date:

Please complete and return this form along with your membership fee to:

145 N. "C" St.  
P.O. Box 603  
Virginia City, NV 89440

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QUESTIONS?  
Call (775) 847-0954