

THIS FORM IS FOR NEW MEMBERS. HERE'S HOW TO ENROLL:

COMPLETE this form, please read the terms of agreement, attach your payment of \$50 and return it to Sweet Home Fire & Ambulance District at 1099 Long St. Sweet Home, OR 97386.

SUMMARY: I hereby apply to FireMed for membership for myself and listed eligible family members. I understand the membership fee provides medically necessary emergency pre-hospital care and transportation. Coverage is immediate if purchased during May and June and extends through June 30 of the following year. Enrollment after June 30th requires a 7 day waiting period for activation of the membership. Copies of the full FireMed Agreement are available at 1099 Long Street, Sweet Home, OR. 97386

**Sweet Home
Fire & Ambulance District
1099 Long Street
Sweet Home, Oregon 97386
(541) 367-5882**



EXPIRES 06-30-2011	
MEMBERSHIP # _____	AMOUNT ENCLOSED _____
DATE RECEIVED _____	<input type="checkbox"/> CHECK _____
RECEIPT # _____	<input type="checkbox"/> CASH _____
	<input type="checkbox"/> CREDIT CARD _____
	<input type="checkbox"/> MONEY ORDER _____

2010-2011 FireMed Application

Name: _____
LAST FIRST MIDDLE

Mailing Address: _____

City/State/Zip: _____ Phone: _____

PLEASE PRINT ALL HOUSEHOLD MEMBERS: Please refer to the terms of agreement below for eligibility.*

NAME: _____ DOB: _____ SS# _____
LAST NAME FIRST NAME (DATE OF BIRTH) (SOCIAL SECURITY NUMBER—OPTIONAL)

NAME : _____ DOB: _____ SS# _____

NAME: _____ DOB: _____ SS# _____

NAME: _____ DOB: _____ SS# _____

NAME: _____ DOB: _____ SS# _____

NAME: _____ DOB: _____ SS# _____

NAME: _____ DOB: _____ SS# _____

*** HOUSEHOLD ELIGIBILITY:** FireMed membership includes all persons who are permanent residents of the same single family occupancy, non-commercial residence within the Sweet Home Fire & Ambulance service area, living together as part of a family unit, but not to include mere roomers or boarders. Membership is also extended to include a spouse or dependent living in substitute care. (Proof of residency may be requested.)

I (WE) HAVE READ THE FIREMED AGREEMENT SUMMARY ABOVE AND AGREE TO THE TERMS AND CONDITIONS LISTED. I AUTHORIZE PAYMENT OF INSURANCE MEDICAL BENEFITS FOR AMBULANCE SERVICE DIRECTLY TO SWEET HOME FIRE & AMBULANCE DISTRICT.
 Notice of Privacy Practices are available at the Sweet Home Fire & Ambulance District office, 1099 Long St. Sweet Home, OR

SIGNATURE: _____ DATE: _____

EXPIRES 06-30-2011