

FireMed Membership Application

\$65.00 per Household

www.mfems.com

Household Information – Please print

Last Name _____ First _____ M.I. _____ Date of Birth _____

Street Address _____ City _____ St. _____ Zip _____

If your mailing address is different from your street address, please fill out the mailing address information

Mailing Address _____ City _____ St. _____ Zip _____

Phone Number _____ Cell Number _____

Email _____

Member Eligibility:

FireMed membership includes all persons who are permanent residents of the same single family occupancy, non-commercial residents within the Milton Freewater ambulance service area, living together as part of a family unit, but not to include roomers or boarders.

List the Full Name and Date of Birth (DOB) of all eligible members:

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

I (We) have read the Milton Freewater FireMed agreement and agree to the terms and conditions listed.

I (We) authorize payment of insurance medical benefits for ambulance service directly to Milton Freewater EMS FireMed.

Primary Member Signature _____ Date _____

Please sign application and return with payment to MF EMS at P.O. Box 356 Milton Freewater, OR 97862 or go online to fill out the form at www.mfems.com. For questions call (541)-938-7146