



MEMBERSHIP ENROLLMENT MAC FIREMED

MEMBER ENROLLMENT INFORMATION

Name: _____ Date of Birth: _____
 Spouse/Domestic Partner: _____ Date of Birth: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email Address: _____

Additional Eligible Household Members:

Includes any dependents claimed on your tax return and elderly or disabled family members living in the same household

	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ I am an existing member. ID# (if known) _____

Select Program Options	FireMed Only	FireMed and Life Flight Network
McMinnville FireMed – within City Limits	<input type="checkbox"/> \$75	<input type="checkbox"/> \$144
McMinnville FireMed – outside City Limits	<input type="checkbox"/> \$95	<input type="checkbox"/> \$164

FireMed eligibility based on residence. Contact Life Flight Network with questions about eligibility.

PAYMENT INFORMATION

- Check payable to Life Flight Network Foundation
- Credit or Debit (Visa, M/Card, AmEx, Discover): Amount \$ _____

Card Number: _____ Exp. Date: ____ / ____ Security Code: _____

Billing Address: _____ Zip: _____

I hereby authorize Life Flight Network to charge the amount indicated above.

Signature: _____ Date: _____

RETURN MEMBERSHIP ENROLLMENT TO:

Life Flight Network Membership • PO Box 3841 • Portland, OR 97208 • Phone (800) 982-9299
 Enrollment also available at www.lifeflight.org

This application is valid through 9/30/2020. Please contact the Membership Office for an updated application if this form is expired. New member benefits take effect 72 hours after receipt of completed application and payment. Medicaid beneficiaries should not apply for membership. Life Flight Network operates under its own FAA Part 135 Air Carrier Certificate.

