

## Enrollment

New  Renewal  Gift Membership

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Street Address (if different than mailing address)  
 Street \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Birth date \_\_\_\_\_

Employer \_\_\_\_\_

Insurance \_\_\_\_\_

Policy # \_\_\_\_\_

Household Members (see Membership Agreement for definition)

| Name First, Last | Relationship | Birth date |
|------------------|--------------|------------|
| _____            | _____        | _____      |
| _____            | _____        | _____      |
| _____            | _____        | _____      |
| _____            | _____        | _____      |
| _____            | _____        | _____      |

## Choose a Membership Option Below

**Crescent RFPD, La Pine Fire District or Sunriver Fire Department (Select type of membership)**

1 yr combo (\$116)  2 yr combo (\$222)\* \*\$10 savings

1 yr ground (\$58)  2 yr ground (\$116)

Lifetime ground (\$1,000)

**Harney District EMS (Select type of membership)**

1 yr combo (\$103)  2 yr combo (\$196)\* \*\$10 savings

1 yr ground (\$50)  2 yr ground (\$100)

Lifetime ground (\$1,000)

**Medic One City of La Grande (Select type of membership)**

1 yr combo (\$113)  2 yr combo (\$216)\* \*\$10 savings

1 yr ground (\$55)  2 yr ground (\$110)

Lifetime ground (\$1,000)

**More Ground Program Options**

Baker City FireMed  Blue Mountain Hospital Ambulance

City of Bend FireMed  Sisters-Camp Sherman RFPD

Black Butte Ranch RFPD  Crook County Fire & Rescue

Redmond Fire & Rescue  Rager Emergency Services

Wallowa County EMS

**(Select type of membership)**

1 yr combo (\$108)  2 yr combo (\$206)\* \*\$10 savings

1 yr ground (\$50)  2 yr ground (\$100)

Lifetime ground (\$1,000) - Not available in Baker City

**Air Only Membership**

1 yr air (\$58)  2 yrs air (\$106)\* \*\$10 savings

## Payment

### Donation

We depend on you and our donors to keep us in the air. Donations above the annual membership are tax-deductible. Thanks for adding any amount as a donation.

### Amount

Membership dues \$ \_\_\_\_\_

Tax-deductible contribution \$ \_\_\_\_\_

for:  AirLink  Ground EMS

**Total \$ \_\_\_\_\_**

### Method

Check enclosed ( pay to: AirLink / Ground EMS )

Visa  M/Card  Amex  Discover

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

( IF PAYING BY CREDIT CARD )

### Gift Membership

This is a gift from:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Mail gift membership to:  Me  Gift Recipient

Mail renewal billing to:  Me  Gift Recipient

Please read Membership Agreement, then sign and date at bottom. →



**AirLink**  
Critical Care Transport



**We appreciate your support!**

## Read and Sign Membership Agreement

AirLink membership benefits are extended to the primary member, his/her spouse or domestic partner and dependents claimed on income tax (i.e. those away at college).

FireMed membership benefits include all persons who are permanent residents of the same single-family dwelling/noncommercial residence living together as part of a family unit, but not to include roomers or boarders. Membership benefits are also extended to include household members living in substitute care (i.e. nursing homes) within your city and district ambulance service areas.

The first person listed on the application form is designated as the "Primary Member." Only those persons who meet the membership eligibility requirements AND are listed in the membership record at the time services are rendered are eligible for benefits.

AirLink and/or FireMed Membership is not an insurance policy but secondary to insurance carriers. All available insurances will be billed first. We will accept payment from insurance carriers as payment in full.

I transfer directly to AirLink and/or the FireMed agency my rights to air and/or ground medical insurance payments due to me. Such payments shall not exceed AirLink and/or FireMed regular charges.

AirLink Memberships are honored by regional reciprocal partners. AirLink membership covers air ambulance charges only. Reciprocity between regional membership programs is subject to the reciprocating program's rules.

Ground Memberships are honored by FireMed Membership programs of Oregon. Ground Membership covers ground ambulance charges only.

Both air and ground emergent medical transports are based on medical need, not membership status, and transport patients to the closest medically appropriate facility as requested by the physician. Non-emergency transports are not covered by this agreement.

Availability of service cannot be guaranteed due to weather conditions, commitment to another transport or aircraft out-of-service.

No refunds will be issued on membership purchases. Membership benefits are non-transferable.

There is no grace period on the membership. Payment must be received by the due date to avoid lapse in benefits.

New and lapsed membership benefits take effect 72 hours after receipt of completed enrollment with payment.

I have read and agree to the benefits, terms and conditions of the membership plan as described above.

Signature \_\_\_\_\_

Date \_\_\_\_\_