

2017 MEMBERSHIP APPLICATION **Benefits til December 31, 2017**



Pay Online: www.citizensambulance.org
Click *Support Us Online*



Pay by Mail: Complete the application, select your payment method below and return this entire form in the enclosed envelope



Pay by Phone: 724-349-5511
Mon. - Fri. 8:00am - 4:00pm

Family Members: Please list the name and date of birth of each family member who **lives** at your private residence and is to be included on your household membership.

Name _____
HEAD OF HOUSEHOLD FIRST MIDDLE LAST

Date of Birth _____ Email _____

Mailing Address _____ Apt. # _____

City _____ State _____ Zip _____

Township or Boro _____ Phone _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Office Use Only: C# _____

MEMBERSHIP PLANS

Your Membership extends coverage to any related family member or guest in your home at the time of service.

Household *Single or Family Membership* **\$75.00**

Senior Household *Age 62 and above, Single or Family Membership* **\$65.00**

Donations are welcome and are tax deductible \$25 \$50 \$100 \$250 \$500 Other

SELECT YOUR PAYMENT METHOD

Credit Card/Check Card (*Mastercard, VISA or Discover*)

Cash

Money Order

Check # _____

**TOTAL PAYMENT
INCLUDING DONATIONS**

_____ 16 digit number

_____ Expiration Date (Month/Year) _____ Security Code

Office Use Only: C# _____ M# _____

**Your membership is effective upon receipt of your payment. Terms of Membership and your membership cards are enclosed.
Citizens' Ambulance Service is a not-for-profit 501(c)3 and is not funded by government tax dollars.**