

CHANDLER AMBULANCE SERVICE MEMBERSHIP APPLICATION

I hereby apply for membership with the Chandler Ambulance Service for myself and my family members listed on the membership application who presently resides at my address. I understand that the Membership fee provides emergency ambulance service to me and my family members, as "medically needed," from October 1, 2023 to September 30, 2024. I also understand that transfers that are not "medically necessary," as defined in the membership agreement, are not covered under this agreement and must be pre-paid and pre-scheduled.

Membership fee is \$65.10 inside city limits and \$97.65 outside city limits.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Directions to residence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Spouse's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

LIST ALL OTHER FAMILY MEMBERS AT RESIDENCE, FULL NAME, AGE, AND DATE OF BIRTH:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Signature of member: \_\_\_\_\_ Date: \_\_\_\_\_