

MEMBERSHIP APPLICATION

1. MEMBER INFORMATION (please print)					
Primary Member First Name			Primary Member Last Name		
Home Phone Number () ()		Cell Phone Number () ()		Date of Birth / /	
E-mail Address			Current Member Household ID#		
Mailing Address		City	State	Zip	County
Home Address (if different than above)		City	State	Zip	County
Were you referred by someone? Y/N	Name of person who referred you		Referral's Phone# or Household ID#		

ATTENTION CALIFORNIA RESIDENTS:
Signature required on back of this form for membership activation.

SEE IMPORTANT NOTICES ON THE REVERSE SIDE PRIOR TO PURCHASE

I AGREE TO THE TERMS AND CONDITIONS V.01.2021 (shown within this document) MEMBERSHIP PRODUCTS I AM PURCHASING.

Initials Date

2. ADDITIONAL HOUSEHOLD MEMBERS (for additional members, write in empty space on this application)		
Secondary Member First Name	Secondary Member Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /

FOR QUESTIONS OR TO ENROLL BY PHONE:

4. PAYMENT OPTIONS (select one)	
<input type="checkbox"/> Check or Money Order Payable to: AirMedCare Network, P.O. Box 948, West Plains, MO 65775	<input type="checkbox"/> Cash
<input type="checkbox"/> Automatic checking account transfer (attach a voided check)	<input type="checkbox"/> Credit Card
Name on Bank Account	Credit Card Number
Routing Number Account Number	Expires 3 digit code on back of card



STATEMENT OF AUTHORIZATION I authorize AirMedCare Network to initiate the EFT withdrawal as indicated on this form. If I have elected to pay via credit card, I agree to abide by all terms and conditions of my credit card agreement. If I have elected to pay via EFT, I authorize my financial institution to transfer the amount indicated on the attached voided check to AirMedCare Network. Adjusting entries to correct errors are also authorized. It is agreed that these debits and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA). Signature required for CC/EFT authorization

_____ / /
Date

FOR OFFICE USE ONLY			
GET CODE	TRACK CODE	AMCN PLAN CODE	AMCN COUPON CODE

