

## Membership Application - McKinleyville Chamber of Commerce

By applying for membership, I agree to AirMedCare Network's terms and conditions on the bottom of this application.

SIGN OR INITIAL HERE

TODAY'S DATE

\_\_\_\_/\_\_\_\_/\_\_\_\_

### STEP 1: MEMBER CONTACT INFORMATION

Primary First Name		Primary Last Name		Date of Birth	
Home Phone		Cell Phone		County	
Physical Address			Mailing Address (if different from physical)		
City	State	Zip	City	State	Zip
E-Mail <small>*In order to sign up with recurring payment options or receive electronic invoicing, you must provide a valid email address</small>					
<input type="checkbox"/> Electronic Invoicing			<input type="checkbox"/> Quarterly Member News		

**\*\*ATTENTION CALIFORNIA RESIDENTS:**  
Signature required on bottom of this form for membership activation

### STEP 4: SET UP YOUR PAYMENT PLAN

#### PAYMENT OPTIONS (select one)

- Check or money order payable to: AirMedCare Network  
PO Box 948, West Plains, MO 65775
- One time credit card payment or automatic transfer from checking account.

#### BANK INFORMATION

(required for monthly membership option and automatic transfers from checking account)

Name on bank account \_\_\_\_\_ Routing number \_\_\_\_\_ Account number \_\_\_\_\_  
(please attach a voided check)

#### CREDIT CARD INFORMATION

- VISA  MasterCard  DISCOVER  AMEX

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

X \_\_\_\_\_  
Signature 3 digit code on back of card  
4 digit code on front for AMEX

**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).

X \_\_\_\_\_  
(Signature Required for Credit Card/EFT Authorization)      Month    Day    Year

### STEP 2: LIST ADDITIONAL MEMBERS IN HOUSEHOLD

Secondary First Name	Secondary 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
_____	_____	____/____/____
First Name	Last Name	Date of Birth
_____	_____	____/____/____

### STEP 3: CHOOSE YOUR MEMBERSHIP OPTION(S)

#### AMCN + FUH = COMPLETE COVERAGE

Standard      Discount Pricing  
Annual      \$219       \$199

#### AMCN EMERGENT COVERAGE ONLY

Standard      Discount Pricing  
Annual      \$85       \$65

#### FLY-U-HOME (FUH) COVERAGE ONLY

Stand-Alone      Add-On\*  
Annual      \$149       \$134

\*(Add-on available for Members Currently Enrolled in the AMCN Membership Program Only)

**Questions?** Contact your Local Membership Sales Manager

**Jennife Hart • 530-510-2915**

**jennifer.hart@AirMedCareNetwork.com**

Join Online at:

**www.AirMedCareNetwork.com/msm/jennifer-hart**

<small>For Office Use Only</small>	<b>GET CODE</b> 10121	<b>TRACK CODE</b> 12952	<b>PLAN CODE</b> 6357	<b>FUH PLAN CODE</b>
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### **\*\*Attention California Residents - A Word from the California Department of Managed Health Care**

**\*\*BEFORE YOU PURCHASE:** If you are currently enrolled in a health maintenance organization (HMO) or other health insurance, the benefits provided by Reach/AirMed International LLC may duplicate the benefits provided by your HMO or other health insurance. If you have a questions regarding whether your HMO or other health insurance offers benefits for ambulance services, you should contact that other company directly.

**WARNING:** Reach/AirMed International LLC is not an insurance program. It will not compensate or reimburse another ambulance company that provides emergency transportation to you or your family. This may occur when 911 Emergency System has independently determined that another company could provide more expeditious service or is next in the rotation to receive a call. This might also occur when Reach/AirMed International LLC is unable to perform within a medically appropriate timeframe due to a mechanical or maintenance problem or being called on another flight.

**YOU MUST SIGN OR INITIAL THIS STATEMENT:** \_\_\_\_\_

**COMPLAINTS:** For complaints regarding Reach/AirMed International LLC, first attempt to call the plan at 1-800-793-0010. If Reach/AirMed International LLC fails to resolve the complaint to your satisfaction, contact the Department of Managed Health Care at 1-888-466-2219. The Department's website is <http://www.healthhelp.ca.gov>. You may obtain complaint forms and instructions online.

**OPERATING UNDER CONDITIONAL EXEMPTION:** Reach/AirMed International LLC is operating pursuant to an exemption from the Knox Keene Health Care Service Plan Act of 1975 (Health and Safety Code section 1340 et seq).