



FireMed is a program of the St. Paul Fire District

APPLICATION FOR MEMBERSHIP

ALL MEMBERSHIPS EXPIRE JUNE 30

\$50

Annual Membership Fee

If you need assistance
please contact us:

(503) 633-4602

St. Paul Fire District FireMed
PO Box 1
Saint Paul, OR 97137-0001

For more information, please refer to the Terms of Agreement on the back of this application.

Household Information (please print or type.)

Primary Member Name _____

Street Address _____ Apt _____ Telephone _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Household Members (List All)

FireMed household membership includes all persons who are permanent residents of the same single family occupancy, non-commercial residence, within the DISTRICT's ambulance service area, living together as part of a family unit, but not to include mere roomers or boarders. Membership is also extended to include household members living in substitute care (e.g. nursing home).

Last Name	First Name	Middle Initial	Date of Birth			Social Security Number*
			Mo.	Day	Year	

(Use an Additional Sheet if You Need to Add More Members)

*Under federal law, you are not required to provide your Social Security Number. The disclosure of your Social Security Number is voluntary and is solely for the purpose of keeping relational computerized FireMed membership records.

Submission of this application constitutes acceptance of the FireMed Terms of Agreement on the reverse side of this form.

Signature _____ Date _____

Check appropriate membership(s) for which you are applying:

- \$50 St. Paul FireMed Membership \$115 Combined St. Paul FireMed/Life Flight Membership

Please make check payable to **St. Paul Fire District.**

**Please complete this application, retain the bottom copy for your records,
and return the white copy with your check.**

THANK YOU!

MB # _____

For Office Use Only:
Received _____
CK# _____
\$ _____