



Canby Fire District

FireMed Membership Application

For ONLINE payment & Registration visit: www.emspatient.com/canbyfiremed

Please complete and return this form along with your membership fee of \$61.00 to:

PO Box 3510, Silverdale, WA 98383

Memberships expire December 31st of each year. A completed application and full payment must be received during the open enrollment period of October 1st through December 31st.

New member applying for current calendar year.

Current member applying for next calendar year.

New member applying for next calendar year.

Membership Information

Primary Member / Head of Household

Full Name: _____ Date of Birth: _____
Last First M.I.

Household Information

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Primary Phone Number: _____

Email Address: _____

Additional Household Members

Full Name: _____ Date of Birth: _____
Last First M.I.

Full Name: _____ Date of Birth: _____
Last First M.I.

Full Name: _____ Date of Birth: _____
Last First M.I.

Full Name: _____ Date of Birth: _____
Last First M.I.

Full Name: _____ Date of Birth: _____
Last First M.I.

Submission of this application with payment constitutes acceptance of the FireMed Terms of Agreement. The Terms of Agreement are for your records. Your canceled check or bank/credit card statement is your receipt. **IF PAYMENT IS RECEIVED AFTER DECEMBER 31st, COVERAGE TAKES EFFECT AFTER THREE (3) BUSINESS DAYS.**

Payment Information

For ONLINE Payment & Registration visit: www.emspatient.com/canbyfiremed

Enclosed is my check made payable to FireMed

Please bill by credit card (Visa MasterCard Discover)

_____ *Credit card number*

_____ *CVC #*

_____ *Expiration date(MM/YY)*

APPLICATION MUST BE COMPLETE AND INCLUDE FULL PAYMENT