



# Canby Fire District

## FireMed Membership Application

For ONLINE payment & Registration visit: [www.emspatient.com/canbyfiremed](http://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 31<sup>st</sup> of each year. A completed application and full payment must be received during the open enrollment period of October 1<sup>st</sup> through December 31<sup>st</sup>.

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 31<sup>st</sup>, COVERAGE TAKES EFFECT AFTER THREE (3) BUSINESS DAYS.**

### Payment Information

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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**