

NEW MEMBERSHIP APPLICATION



ALBANY FIREMED
PO BOX 490
ALBANY, OR 97321
541-917-7710

For Office Use Only

Membership #

Date Received

MEMBERSHIPS VALID FOR ONE YEAR; PAYMENT MUST ACCOMPANY THIS FORM

**\$70 Membership Fee
Per Household**

Payable by cash or check made payable to City of Albany. No online or over-the-phone payments.

Additional tax-deductible contributions are welcome. \$50 \$100 \$_____

Service Address:

Street

City

State

Zip

Billing Address:

Street

City

State

Zip

Phone Number

Member Name

Date of Birth

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I have read the enclosed FireMed Agreement and agree to the terms and conditions listed. I authorize payment of insurance medical benefits for ambulance service directly to Albany Fire Department Ambulance. My signature on this application authorizes Albany Fire Department Ambulance to submit any claims or bill any health insurance plan of which I am a member. My signature below indicates that I have received a copy of the FireMed Agreement and Albany Fire Department Ambulance Patient Privacy Notice.

X _____

Member or Representative Signature

Date

MEMBERSHIPS VALID FOR ONE YEAR; PAYMENT MUST ACCOMPANY THIS FORM

Cash/check only. If paying by check, please make payable to City of Albany. No online or over-the-phone payments.

You will not receive a FireMed membership card.

All 9-1-1 emergencies are treated equally, regardless of FireMed membership status; therefore, a membership card is not necessary.