



THANK YOU FOR CHOOSING

PLACE
REQUIRED
POSTAGE
HERE



313 Bridge Street
Bridgewater, PA 15009-2906



CARING FOR OUR FRIENDS, NEIGHBORS
& COMMUNITIES SINCE 1978.

MEMBERSHIP 2019 APPLICATION FORM

INSURANCE (MALE)

INSURANCE CO. NAME: _____

Member #/ I.D. #: _____

Group #: _____

NAME (AS IT APPEARS ON INSURANCE CARD)

ADDRESS

CITY STATE ZIP

PHONE

LAST 4 DIGITS OF S.S.#

INSURANCE (FEMALE)

INSURANCE CO. NAME: _____

Member #/ I.D. #: _____

Group #: _____

MUST COMPLETE AND SIGN

APPLICANT'S
SIGNATURE

I understand and agree to all terms stated in this membership application and understand that this serves as a lifetime signature authorization.

DATE OF BIRTH

LIST SPOUSE AND UNMARRIED CHILDREN UNDER THE AGE OF 26. (LIST ADDITIONAL DEPENDENTS ON A SEPARATE SHEET AND PLACE IN ENVELOPE)

NAME/RELATIONSHIP

DATE OF BIRTH

LAST 4 DIGITS OF S.S.#

_____	_____	_____
_____	_____	_____

DISCOUNTED MEMBER*

- INDIVIDUAL - \$36.00
- FAMILY - \$53.00

STANDARD MEMBER

- INDIVIDUAL - \$46.00
- FAMILY - \$67.50

◀ Type of Membership

Membership valid through 12/31/2019
Membership fee is not tax deductible

Member Company / Municipality*

VISA DISCOVER

MASTERCARD

ENCLOSED IS A CHECK OR MONEY

ORDER PAYABLE TO (DON'T SEND CASH)

Acct. #

Exp. Date

CVC

"MEDIC RESCUE"