THANK YOU FOR MAKING THE CHOICE TO JOIN!

FIREMED MEMBERSHIP APPLICATION

Please complete and return this form along with your membership fee to:
PO Box 3510, Silverdale, WA 98383
Your membership helps keep our community safe and secure.

www.emspatient.com/dallasfiremed

CHOOSE YOUR COVERAGE:	Inside Dallas City Limits	Outside Dallas City Limits, including Rickreall & Falls City
	❑ **FireMed $65/year** Full household ambulance coverage	❑ **FireMed $75/year** Full household ambulance coverage

PLEASE PRINT LEGIBLY

Membership expires October 31st each year

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH (MM/DD/YYYY)
Primary Member:			
Additional Household Members: Refer to Terms of Agreement			

HOUSEHOLD INFORMATION

Home Address

City | State | Zip Code

Mailing Address (if different from above)

City | State | Zip Code

PRIMARY CONTACT

Name

Telephone

Please provide your email address to help us become more efficient with our resources.

Email Address

Would you like to donate to the Fire & EMS Assistance Fund? **$**_____

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.

PAYMENT INFORMATION

❑ Please bill my credit card ❑ Enclosed in my check, payable to **FireMed**

❑ Visa ❑ MasterCard ❑ Discover

Credit card number | CVC # | Expiration date (MM/YY)

Application MUST include payment