



MEMBERSHIP APPLICATION

Please complete and return this form along with your membership fee to:
PO Box 3510, Silverdale, WA 98383
or sign up online at: www.emspatient.com/dallasfiremed

**CHOOSE
YOUR
COVERAGE:**

☐ **Inside Dallas City Limits**
☐ **FireMed \$75/year**
Full household ambulance coverage

☐ **Outside Dallas City Limits, including Falls City**
☐ **FireMed \$85/year**
Full household ambulance coverage

PLEASE PRINT LEGIBLY

Membership expires October 31st each year

LAST NAME

Primary Member:

Additional Household Members*:

FIRST NAME

**MIDDLE
INITIAL**

DATE OF BIRTH

(MM/DD/YYYY)

Household Information

Home Address

City

State

Zip Code

Mailing Address (if different from above)

City

State

Zip Code

Primary Member Contact Information

Name

Telephone

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

Email Address

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.
Dallas Fire & EMS will send a membership card in the mail once they have received confirmation of your enrollment.

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**

*Please refer to the Terms of Agreement for details about qualified household members.