



# SW Polk Fire District

## FireMed Membership Application

For ONLINE payment & Registration visit: [www.emspatient.com/swpolkfiremed](http://www.emspatient.com/swpolkfiremed)

Please complete and return this form along with your membership fee 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 January 1<sup>st</sup> through December 31<sup>st</sup>.

- SW Polk Fire District (ASA 2) \$75.00       New Member       Renewal
- Polk County Portion of Amity Fire District (ASA 2) \$95.00       New Member       Renewal

### 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

For ONLINE Payment & Registration visit: [www.emspatient.com/swpolkfiremed](http://www.emspatient.com/swpolkfiremed)

- Enclosed is my check made payable to SW Polk 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**