



# 2018 MEMBERSHIP APPLICATION **Benefits til Dec. 31, 2018**



**Pay Online:** [www.citizensambulance.org](http://www.citizensambulance.org)  
Click *Support Us Online*



**Pay by Mail:** Complete the application, select your payment method below and return this entire form in the enclosed envelope



**Pay by Phone:** 724-349-5511  
Mon. - Fri. 8:00am - 4:00pm

Name \_\_\_\_\_  
HEAD OF HOUSEHOLD      FIRST      MIDDLE      LAST

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Township or Boro \_\_\_\_\_ Phone \_\_\_\_\_

**Family Members:** Each family member who **lives** at your private residence and is to be included on your household membership.

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Office Use Only: C#**

## MEMBERSHIP PLANS

Your Membership extends coverage to any related family member or guest in your home at the time of service.

**Household** *Single or Family Membership* .....  **\$75.00**

**Senior Household** *Age 62 and above, Single or Family Membership* .....  **\$65.00**

## RECRUIT NEW MEMBERS

Show someone you care by sharing the many benefits of Citizens' professional and reliable Emergency Medical Services and medical transport services. You can Recruit New Members and everyone can benefit from the savings! See reverse side for more information on the program "RECRUIT NEW MEMBERS".

Yes, I would like to participate in the **RECRUIT NEW MEMBERS** program and receive a **\$5 discount**.

**Household** *Single or Family Membership* .....  **\$70.00**

**Senior Household** *Age 62 and above, Single or Family Membership* .....  **\$60.00**

Yes, I've recruited 10 NEW PAID memberships and would like to receive my 2018 membership at no cost

**Office Use Only:**  
C#

**Donations are welcome and are tax deductible**  \$25  \$50  \$100  \$250  \$500  Other

## SELECT YOUR PAYMENT METHOD

Credit Card/Check Card (*Mastercard, VISA or Discover*)

\_\_\_\_\_ 16 digit number

\_\_\_\_\_ Expiration Date (Month/Year)      \_\_\_\_\_ Security Code

Cash

Money Order

Check # \_\_\_\_\_

**Office Use Only: C#**

**TOTAL PAYMENT  
INCLUDING DONATIONS**

\_\_\_\_\_ M#

Your membership is effective upon receipt of your payment. Terms of Membership and your membership cards are enclosed. Citizens' Ambulance Service is a not-for-profit 501(c)3 and is not funded by government tax dollars.

Call Citizens' with any questions you may have at **724-349-5511** or **1-800-655-2343** (*toll free*)

Citizens' Ambulance Service Inc. | 805 Hospital Road, Indiana, PA 15701

# RECRUIT NEW MEMBERS - SHARE THE SAVINGS

Do you have a family member or friend who would benefit from participating in Citizens' Ambulance Service's membership program?

**Recruit 1 - 9 new members, everyone gets \$5 off their annual membership.** That's right. You and your friends will both share equally in the savings. And of course, you also have the option to give the membership as a gift. With the rising costs of insurance co-payments and deductibles, there's no better time to take advantage of this opportunity to save.

**Recruit 10 new members and your annual membership contribution is waived** - all your recruits receive the \$5 discount.

Please record all necessary information on the form below and select your membership plan under Recruit New Members on the reverse side.

	Payment Included	New Member Will Remit Payment	Household \$70	Senior Household \$60
<b>1</b> Name _____ Phone _____ Address _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Name _____ Phone _____ Address _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Name _____ Phone _____ Address _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Name _____ Phone _____ Address _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Name _____ Phone _____ Address _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Name _____ Phone _____ Address _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Name _____ Phone _____ Address _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Name _____ Phone _____ Address _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Name _____ Phone _____ Address _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Name _____ Phone _____ Address _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>