

MEMBERSHIP ENROLLMENT Scappoose FireMed



Sign-up online today at www.lifeflight.org

	kisting/Renewing Member	- Member ID#	<u> </u>		
MEMBER ENROLLMENT INFORMATION					
Name:		Date of Birth:			
Spouse/Domestic Partner:		Date of Birth:			
Mailing Address:					
City:					
Phone:	Email Address:		- S - S - S - S - S - S - S - S - S - S		
Additional Eligible Household Members: Includes any of the following family members living in the members, and/ or family members who are 65 years or	older living in the same hous	nts claimed on ehold. e of Birth	50	n, disabled fa tionship	
					
•					
HOOSE A MEMBERSHIP OPTION:					
HOOSE A MEMBERSHIP OPTION: Program Options:					
HOOSE A MEMBERSHIP OPTION: Program Options: Life Flight Network Air ONLY	One Year	Two Year	Five Year	Lifetime	
HOOSE A MEMBERSHIP OPTION: Program Options: Life Flight Network Air ONLY Scappoose FireMed Ground ONLY	One Yeal	Two Year	Five Year	Lifetime	
HOOSE A MEMBERSHIP OPTION: Program Options: Life Flight Network Air ONLY Scappoose FireMed Ground ONLY Scappoose FireMed and Life Flight Network	One Yea □ \$75 □ \$60	Two Year	Five Year \$325 N/A	Lifetime \$1,200 N/A	
HOOSE A MEMBERSHIP OPTION: Program Options: Life Flight Network Air ONLY Scappoose FireMed Ground ONLY Scappoose FireMed and Life Flight Network PAYMENT INFORMATION Check (payable to Life Flight Network Foundation)	One Year \$75 \$60 \$125 Dn)	Two Year	Five Year \$325 N/A	Lifetime \$1,200 N/A	
HOOSE A MEMBERSHIP OPTION: Program Options: Life Flight Network Air ONLY Scappoose FireMed Ground ONLY Scappoose FireMed and Life Flight Network PAYMENT INFORMATION	One Year \$75 \$60 \$125 Dn)	Two Year	Five Year \$325 N/A N/A	Lifetime \$1,200 N/A	
Program Options: Life Flight Network Air ONLY Scappoose FireMed Ground ONLY Scappoose FireMed and Life Flight Network PAYMENT INFORMATION Check (payable to Life Flight Network Foundation Credit or Debit (Visa, M/Card, AmEx, Discover): Amo	One Year \$75 \$60 \$125 On) unt \$	Two Year \$140 \$120 \$240	Five Year \$325 N/A N/A Security	Lifetime \$1,200 N/A N/A	
Program Options: Life Flight Network Air ONLY Scappoose FireMed Ground ONLY Scappoose FireMed and Life Flight Network PAYMENT INFORMATION Check (payable to Life Flight Network Foundation Credit or Debit (Visa, M/Card, AmEx, Discover): Amo	One Year \$75 \$60 \$125 On) unt \$	Two Year \$140 \$120 \$240	Five Year \$325 N/A N/A Security Code:	Lifetime \$1,200 N/A N/A	
Program Options: Life Flight Network Air ONLY Scappoose FireMed Ground ONLY Scappoose FireMed and Life Flight Network PAYMENT INFORMATION Check (payable to Life Flight Network Foundation Credit or Debit (Visa, M/Card, AmEx, Discover): Amo	One Year \$75 \$60 \$125 \$125 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$	Two Year \$140 \$120 \$240	Five Year \$325 N/A N/A Security Code:	Lifetime \$1,200 N/A	

RETURN MEMBERSHIP APPLICATION TO:

Life Flight Network Membership • PO Box 3841 • Portland, OR 97208 • Phone (800) 982-9299 • Fax (503) 217-1413

This application is valid through 12/31/2022. Please contact the Membership Office for an updated application if this form is expired. New member benefits take effect upon receipt of completed application and payment. Life Flight Network transports patients based on medical need, not membership status. Medicaid beneficiaries should not apply for membership. Life Flight Network operates under its own FAA Part 135 Air Carrier Certificate.