

**APPLICATION FOR MEMBERSHIP  
OPEN ENROLLMENT IS JUNE AND JULY ONLY**

**\$57**

per Year --  
Ground  
Ambulance Only

**WESTERN LANE AMBULANCE  
LIFEMED PROGRAM**

410 Ninth Street / PO Box 2690 / Florence, OR 97439 / 997-9614

PLEASE PRINT

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

List your legal name and all legal names of family members who will be covered by the LifeMed Program, including unmarried children under age 18, and dependents listed on your Federal Tax Return who regularly live at home (first name, middle initial, last name if different). Please refer to the LifeMed Agreement for the definition of an eligible dependent.

Primary Member \_\_\_\_\_ Birthdate \_\_\_\_\_

Primary Insurance \_\_\_\_\_ I.D. # \_\_\_\_\_ Group \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ I.D. # \_\_\_\_\_ Group \_\_\_\_\_

Member 2 \_\_\_\_\_ Birthdate \_\_\_\_\_

Primary Insurance \_\_\_\_\_ I.D. # \_\_\_\_\_ Group \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ I.D. # \_\_\_\_\_ Group \_\_\_\_\_

Member 3 \_\_\_\_\_ Birthdate \_\_\_\_\_

Member 4 \_\_\_\_\_ Birthdate \_\_\_\_\_

Member 5 \_\_\_\_\_ Birthdate \_\_\_\_\_

(Attach a list for additional family members, if needed)

Submission of this application constitutes acceptance of the Western Lane Ambulance LifeMed Agreement and I (we) agree to the terms and conditions listed. I authorize payment of insurance medical benefits for ambulance service directly to the Western Lane Ambulance District. I authorize the release of medical or other information necessary to process ambulance transport claims. Memberships are valid through July 31<sup>st</sup> yearly.

**Your \$57.00 payment must accompany this application. If paying by check, please make your check payable to WLA LifeMed.**

We accept: Check  Check # \_\_\_\_\_ Cash/Money Order  Visa  Master Card

If paying by credit card, please enter the following information: Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Credit Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Vin # \_\_\_\_\_

(3 digit code on back of card)

Signature for Credit Card Payment: \_\_\_\_\_