

It's easy to enroll: GO ONLINE to www.REACHair.com/membership. **MAIL** completed application with enrollment fee to address above. **FAX** application with credit card information to 707 324-2487.

Application Type (select one): New Membership Renewal Gift Membership
Membership Type (select one): Individual - \$40 Family - \$45* Group Individual - \$25** Group Family - \$40**
Add'l options for OREGON residents only: Individual 5 Year - \$160 Family 5 Year - \$180* Individual Lifetime Membership - \$495

* Family memberships are defined as the primary member (or gift member), spouse or partner, and other family members (including children and dependent parents) living in the same household.
 **Group/Business memberships are available for a minimum of eight applications (individual, family or business) submitted together initially by a designated group coordinator with a single group payment. Group coordinators are not required to manage renewals after initial sign up. For large groups of 150 or more, please contact us.

Primary Member Information (or Gift Recipient Information—please provide all information known for gift membership)

First Name _____ M.I. _____ Last Name _____
 Address _____
 City _____ State _____ ZIP _____ County _____
 Home Phone _____ Cell Phone _____ Email _____
 Date of Birth _____ Social Security # (last 4 digits only) _____ Gender M F

Family Information	Name	Relationship to Primary Member	Date of Birth	Gender
Family Member 1	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
Family Member 2	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
Family Member 3	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
Family Member 4	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

Health Insurance Co. _____ Group # _____ Member ID # _____
 Best way to contact member? Email Mail Phone Would you like to receive our health-related newsletter? Yes No

****Group/Business Memberships must provide:**

Group Coordinator Name _____ Group Name/Affiliation _____
 Group Coordinator Phone Number _____

Gift Membership Information

This is a gift to _____ This is a gift from _____
 Send gift membership packet to: Gift Member's Address Billing Address
 Send gift membership annual renewal to: Gift Member's Address Billing Address Gift Member's Email Billing Email

Billing Name and Address (if different than Primary Member Information above)

First Name _____ M.I. _____ Last Name _____
 Address _____ City _____ State _____ ZIP _____ County _____
 Phone _____ Email _____

Payment Information (Please check preferred method of payment)

Please charge my credit card: VISA MasterCard American Express Discover Card
 Credit Card # _____ Exp. Date _____ Security Code # (on back of card) _____
 Name (as it appears on credit card) _____

Membership cards will be mailed approximately 14 days after we receive your application and payment. Membership cards are not required to receive service. **Your canceled check, credit card statement or money order receipt is your proof of payment.**

BEFORE YOU PURCHASE: If you are enrolled in a health maintenance organization (HMO) or other health insurance program, benefits provided by REACH for Life may duplicate benefits provided by your plan. Before purchasing REACH for Life membership, it is recommended you call your health plan provider to determine if you are covered for this service. • **WARNING:** REACH for Life is not an insurance program. It will not compensate or reimburse another ambulance company that provides emergency transportation to you or your family. This may occur when the 911 Emergency System has independently determined that another company could provide more expeditious service or is next in rotation to receive a call. This might also occur if REACH is unable to perform within a medically appropriate timeframe due to certain weather conditions, mechanical/out-of-service issues, or when committed to another call. REACH for Life membership only applies to emergency air medical transport by REACH or a REACH service partner. REACH reserves the right to cancel an individual membership or REACH for Life membership program at any time. • **COMPLAINTS:** For complaints regarding REACH Air Medical Services, first attempt to call us at 866 767-3224. If your complaint is still unresolved, in California you may contact the Department of Managed Health Care at 800 400-0815 or visit <http://www.dnhc.ca.gov>.

To confirm agreement to conditions of membership in the REACH for Life program, please check the "I agree" box below, sign, date and return this application with your payment. REACH for Life membership will only be valid with your signature below.

I agree I do not agree Signature _____ Date _____