

**NEW MEMBERSHIP APPLICATION**



CORVALLIS FIREMED  
400 NW HARRISON BLVD.  
CORVALLIS, OR 97330  
541 766-6952

**For Office Use Only**

Membership #

Date Received

**For NEW applicants only! Current members will receive a renewal notice.**

**\$65 Membership Fee** Payable by cash or check made payable to Corvallis Fire Department Ambulance Service.

**Additional tax-deductible contributions are welcome.**  \$50  \$100  \$\_\_\_\_\_

Service Address:

Billing Address:

Street

Street

City

State

Zip

City

State

Zip

Phone Number

Head of Household	Member Name	Date of Birth
_____	_____	____ / ____ / _____

*List spouse and dependent children under 21 and who regularly live at home:*

_____	____ / ____ / _____
_____	____ / ____ / _____
_____	____ / ____ / _____
_____	____ / ____ / _____
_____	____ / ____ / _____

**Read the statement below carefully and sign for validation of your membership:**

I hereby apply for membership in FireMed for myself and listed family members who live at my residential address. I declare that my residence is within the boundaries of the Corvallis Ambulance Service Area. I understand that the enclosed \$65 fee provides pre-hospital emergency medical care and transportation that originates in this service area as often as needed from five business days after receipt of application for one full year.

Non-emergency ambulance service is covered when medically necessary for paramedic transport and with prior authorization by a physician. I understand that FireMed is NOT an insurance policy but provides coverage in excess of any insurance or medical benefits I have. I authorize Corvallis Ambulance Service to bill directly for ambulance service to any such insurance. I further authorize the release of medical information for the purpose of ambulance insurance billing.

Should I or a family member receive payment by an insurance or medical benefits provider for ambulance service, I will immediately forward such payment to the Corvallis Fire Department Ambulance Service. I understand that FireMed membership covers all unpaid balances and that I will not be billed. This membership is nonrefundable and non-transferable. FireMed rules are subject to change in accordance with Federal and State laws and regulations.

**I HAVE READ THE ABOVE AGREEMENT AND UNDERSTAND THE TERMS**

**X** \_\_\_\_\_

Member or Representative Signature

**X** \_\_\_\_\_

Date

**Mail this application with payment to: FireMed; 400 NW Harrison Blvd; Corvallis, OR 97330**

**A check or money order in the amount of \$65 made out to the Corvallis Fire Department Ambulance Service must accompany this application. No online or over-the-phone payments.**

You will not receive a FireMed membership card. All 9-1-1 emergencies are treated equally, regardless of FireMed membership status; therefore, a Membership card is not necessary.