

ENROLL TODAY

Call 417-293-2535 or visit
www.AMCNRep.com/Tina-Vincent
 to enroll immediately OR
 complete the application below:

By applying for membership,
 I agree to AMCN's terms and
 conditions on the reverse side.

INITIAL HERE TODAY'S DATE

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1. Member Contact Information (please print)

Primary First Name		Primary Last Name		Date of Birth / /
Home Phone Number () ()			Cell Phone Number () ()	
E-mail Address				
Don't miss out on important AirMedCare Network news and updates... leave us your e-mail address and stay in the loop!				
Mailing Address			City	
State	Zip	County		
Home Address <small>(if different than above)</small>				
City		State	Zip	

2. List Additional Members in Household

Secondary First Name	Secondary Last Name	Date of Birth
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /

3. Choose Your Membership Option (select one)

Membership Options	Membership Cost	Seniors (60+)
10-Year Membership [†]	<input type="checkbox"/> \$765	<input type="checkbox"/> \$575
5-Year Membership [†]	<input type="checkbox"/> \$395	<input type="checkbox"/> \$300
More Members Choose: 3-Year Membership [†]	<input type="checkbox"/> \$240	<input type="checkbox"/> \$185
1-Year Membership	<input type="checkbox"/> \$85	<input type="checkbox"/> \$65
Monthly Membership*	<input type="checkbox"/> \$9	<input type="checkbox"/> \$9

[†]MULTI-YEAR MEMBERSHIP IS NOT AVAILABLE IN ALASKA, CALIFORNIA AND INDIANA.
 *MONTHLY MEMBERSHIP IS ONLY AVAILABLE WITH MONTHLY RECURRING PAYMENT OPTION

4. Choose a Payment Option (select one)

- Check or Money Order** Payable to: **AirMedCare Network**
PO Box 948, West Plains, MO 65775
- Automatic transfer from checking account**

Name on Bank Account (Please attach a voided check)

Routing Number

Account Number

- Credit Card**



VISA



Credit Card Number

Expires

3 digit code on back of card

X

Signature

5. Automatic Withdrawal Authorization

- Recurring annual credit card payment or automatic transfer from checking account. Please make my recurring payment each year on this date:** _____ / _____ / _____
Month Day Year
- Recurring monthly credit card payment or automatic transfer from checking account. Please make my recurring payment each month on this day:** _____
Day

E-mail address A valid e-mail address is required for auto-renew payment option and to receive AMCN's quarterly eNewsletters

Statement of Authorization I authorize AirMedCare Network to initiate the recurring credit card charge or EFT withdrawal as indicated on this form. I understand that this recurring credit card charge or EFT withdrawal is recurring and will continue for and includes future price changes, policy terms, or terms and conditions. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify AirMedCare Network in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand the payments may be executed on the next business day. For EFT debits to my checking account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of EFT transactions to my account must comply with the provisions of U.S. law. I understand that no prior-notification will be provided unless the date or amount changes, in which case I will receive notice from AirMedCare Network at least 10 days prior to the payment being collected. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company, so long as the transactions correspond to the terms indicated in this authorization form.

X

Signature Required for Credit Card/EFT Authorization

_____/_____/_____
Month Day Year

GET CODE	TRACK CODE 14292	PLAN CODE
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