

Medjet Membership Options (up to age 75)

Blue Skies Travel

ANNUAL MEMBERSHIPS (USD)

	INDIVIDUAL	FAMILY
1-Year	<input type="checkbox"/> \$270	<input type="checkbox"/> \$395
2-Year	<input type="checkbox"/> \$485	<input type="checkbox"/> \$735
3-Year	<input type="checkbox"/> \$685	<input type="checkbox"/> \$1,035
5-Year	<input type="checkbox"/> \$1,060	<input type="checkbox"/> \$1,605

- ☐ Add Medjet Horizon to your Annual Membership for only \$139.
- ☐ Add Motorcycle Protection for \$35 per year, per motorcycle.

** SHORT-TERM MEMBERSHIPS (USD)

	INDIVIDUAL	FAMILY
8-Day	<input type="checkbox"/> \$99	<input type="checkbox"/> \$195
15-Day	<input type="checkbox"/> \$140	<input type="checkbox"/> \$249
21-Day	<input type="checkbox"/> \$180	<input type="checkbox"/> \$325
30-Day	<input type="checkbox"/> \$240	<input type="checkbox"/> \$385

** Departure (Effective) Date: _____

** Return (Expiration) Date: _____

Membership Total \$: _____

Contact your personal travel advisor at:

Blue Skies Travel

802.323.4553

www.Medjet.com/BlueSkiesTravel

Agent Name/Agent Email: PJ Barber

PJ@BlueSkiesTravel.com





☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. (Must be under age 75)

Full Name _____

Date of Birth ____ / ____ / ____

*Primary Residence _____

City _____ State ____ ZIP _____

Mailing Address _____

City _____ State ____ ZIP _____

Phone (Day) _____

Phone (Evening) _____

Email _____

Please list family members' names and dates of birth

(Dependent Child: Up to 19 or age 23 if a full-time student)

Spouse/Partner: _____ DOB: _____

Child 1: _____ DOB: _____

Child 2: _____ DOB: _____

Child 3: _____ DOB: _____

Child 4: _____ DOB: _____

Child 5: _____ DOB: _____

☐ I acknowledge my membership is subject to the Rules and Regulations in effect at the time of enrollment or renewal.



Signature Required

Payment Information

☐ Check or Money Order Enclosed (Payable to MedjetAssist)

☐ Visa

☐ American Express

☐ MasterCard

☐ Discover

Card Number _____

Expiration Date ____ / ____ / ____

Security Code _____

Name exactly as it appears on card (please print)

** Primary residence listed above determines mileage eligibility for membership benefits. Members must be hospitalized 150 miles or more from this address.*

• Membership must be activated prior to initial departure from primary residence.

• Diamond Memberships are available to travelers ages 75-84.

• Expatriate Memberships are available to those traveling outside their home country for more than 90 consecutive days.

Fax completed form to: 800.863.3538 or mail to:
MedjetAssist • P.O. Box 43099 • Birmingham, AL 35243