Rogue River FireMed Membership Application

Head of Household Information

Full Name: _____ **Date Of Birth** _____

Street Address: _____ **City:** _____ **State:** **Zip:** _____

Mailing Address: _____ **City:** _____ **State:** **Zip:** _____

E-Mail: _____

Phone Number: _____ **Secondary Phone Number:** _____

Membership Eligibility:

FireMed membership includes all persons who are permanent residents of the same single-family occupancy, non-commercial residence within the Rogue River ambulance service area, living together as part of a family unit, but not to include roomers or boarders. Membership is also extended to include household members living in substitute care (e.g., nursing homes).

(For Mercy Flights eligibility requirements see reverse side).

List full name and date of birth of all other eligible household members

Name: _____ **Date of Birth:** _____ **Relationship:** _____

Name: _____ **Date of Birth:** _____ **Relationship:** _____

Name: _____ **Date of Birth:** _____ **Relationship:** _____

Name: _____ **Date of Birth:** _____ **Relationship:** _____

Name: _____ **Date of Birth:** _____ **Relationship:** _____

Name: _____ **Date of Birth:** _____ **Relationship:** _____

Membership Options

Select one:

☐ **$55.00/year FireMed Basic - Ground Ambulance Transport**

☐ **$111.00/year FireMed Plus - Ground Ambulance PLUS Mercy Flight Air Transport**

I (We) have read the Rogue River FIREMED and /or FIREMED PLUS MERCY FLIGHTS agreement(s) on the reverse side and agree to the terms and conditions listed. I authorize payment of insurance medical benefits for ambulance service directly to Rogue River FIREMED and/or Mercy Flights.

Please mail application and payment to:

Jackson County Fire District 1
PO Box 1170
Rogue River, OR 97537
Questions? Call 541-582-4411

_____ _____

Member Signature **Date**

Please make all checks payable to Jackson County Fire District 1 or JCFD1