

**NEW MEMBERSHIP APPLICATION**



ALBANY FIREMED  
611 LYON STREET SE / PO BOX 490  
ALBANY, OR 97321  
541-917-7710

**For Office Use Only**

Membership #

Date Received

**ALL MEMBERSHIPS EXPIRE JUNE 30; PAYMENT MUST ACCOMPANY THIS FORM**

**\$65 Membership Fee** Payable by cash or check made payable to City of Albany. No online or over-the-phone payments.

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

Service Address:

Billing Address:

Street

Street

City

State

Zip

City

State

Zip

Phone Number

Member Name

Date of Birth

_____	_____ / _____ / _____
_____	_____ / _____ / _____
_____	_____ / _____ / _____
_____	_____ / _____ / _____
_____	_____ / _____ / _____
_____	_____ / _____ / _____
_____	_____ / _____ / _____
_____	_____ / _____ / _____
_____	_____ / _____ / _____

I have read the enclosed FireMed Agreement and agree to the terms and conditions listed. I authorize payment of insurance medical benefits for ambulance service directly to Albany Fire Department Ambulance. My signature on this application authorizes Albany Fire Department Ambulance to submit any claims or bill any health insurance plan of which I am a member. My signature below indicates that I have received a copy of the FireMed Agreement and Albany Fire Department Ambulance Patient Privacy Notice.

**X** \_\_\_\_\_  
Member or Representative Signature

\_\_\_\_\_  
Date

**ALL MEMBERSHIPS EXPIRE JUNE 30; PAYMENT MUST ACCOMPANY THIS FORM**

Cash/check only. If paying by check, please make payable to City of Albany. 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.