



# MEMBERSHIP APPLICATION

## Hood River Fire Med Members



### MEMBER INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_





City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

NAME(S) OF SIGNIFICANT OTHER AND/OR LEGAL DEPENDENTS (UNDER 26)	DATE OF BIRTH	RELATIONSHIP
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### MEMBERSHIP RATES

Payment Options:	One Year	Two Year	Five Year	Lifetime
LFN Air ONLY 	<input type="checkbox"/> \$60	<input type="checkbox"/> \$110	<input type="checkbox"/> \$250	<input type="checkbox"/> \$1,000
Hood River County Fire Med Ground ONLY 	<input type="checkbox"/> \$60	<input type="checkbox"/> \$120	N/A	N/A
Air & Ground COMBO  	<input type="checkbox"/> \$120	<input type="checkbox"/> \$230	N/A	N/A

### PAYMENT INFORMATION

Check payable to Life Flight Network

Credit or Debit: Amount: \$\_\_\_\_\_ Type of Card: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ / \_\_\_\_\_

I hereby authorize Life Flight Network to charge the amount indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### GIFT GIVER INFORMATION (IF APPLICABLE)

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Send membership cards to me

Send renewal form to me when due

### PLEASE MAIL MEMBERSHIP APPLICATIONS TO:

Life Flight Network Membership  
PO Box 99  
Aurora, Oregon 97002  
Phone (800) 982-9299 • Fax (503) 678-4369

See the Life Flight Network membership page at [www.lifeflight.org](http://www.lifeflight.org) for latest membership terms. New member benefits take effect after receipt of completed application and payment, plus a period of 72 hours. Life Flight Network transports patients based on medical need, not membership status. Medicaid beneficiaries should not apply for membership. Air Methods Corporation, Aero Air LLC, Conyan Aviation, Inc., and AvCenter Inc. are the certificated FAA Part 135 air carriers.

# STATEMENT OF UNDERSTANDING

**By becoming a Life Flight Network and/or Fire Med Member, you agree to the terms stated below.**

Life Flight Network and/or Fire Med Membership benefits are extended to the primary member, his/her spouse or domestic partner and their dependents claimed on their income tax return. Elderly or disabled family members living in the same household are also covered.

The first person listed on the application form is designated as the "Primary Member". Only those persons who meet the membership eligibility requirements AND are listed in the membership record *at the time services are rendered* are eligible for benefits. Per government regulations, individuals covered by Medicaid are not eligible for membership and should not apply.

Life Flight Network and/or Fire Med Memberships are not an insurance policy but secondary to insurance carriers. All available insurances will be billed first. We will accept payment from insurance carriers as payment in full.

Life Flight Network Memberships are honored by several regional *air* transport reciprocal partners. Your Life Flight Network Membership covers air transport when emergently transported in a Life Flight Network aircraft. Reciprocity between regional air membership programs is subject to the reciprocating program's rules.

Ground Memberships are honored by Fire Med Membership programs of Oregon. Ground Membership covers ground ambulance charges only.

Both air and ground emergent 9-1-1 and interfacility transports are based on medical need, not membership status. Patients are transported to the closest medically appropriate facility as requested by the physician or EMS system. Non-emergent transports are not covered by this agreement. Membership benefits do not cover the costs associated with air medical transport for the purpose of organ transplant.

Availability of service cannot be guaranteed due to weather conditions, commitment to another transport or aircraft out-of-service.

No refunds will be issued on Membership purchases. Membership benefits are non-transferrable.

Renewal payments must be received prior to the expiration date to avoid a lapse in benefits. There is no grace period.

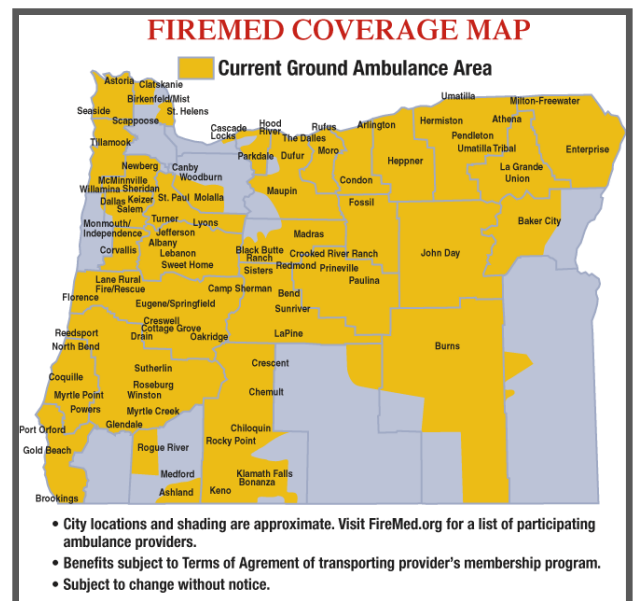
New and lapsed Membership benefits take effect 72 hours after receipt of a completed enrollment with payment.

Membership fees are not tax-deductible.

I transfer directly to Life Flight Network and/or the Fire Med Agency my rights to air and/or ground insurance payments due to me for services provided by Life Flight Network and/or the Fire Med Agency. Such payments shall not exceed Life Flight Network and/or Fire Med regular charges.

I specifically waive any and all rights, claims or causes of action against Life Flight Network and/or the Fire Med Agency and its employees and agents with respect to my Life Flight Network and/or Fire Med Membership and the Life Flight Network and/or Fire Med Membership Program.

The Membership Program may be canceled at any time for any reason, including financial feasibility and governmental regulation of such programs.



**There. When you need us. (800) 982-9299 • [www.lifeflight.org](http://www.lifeflight.org)**