

BECOMING A MEMBER

Complete the attached application and mail it with your payment of \$95.00 per household to:

South Royalton Rescue Squad
c/o New England Ambulance Billing
P.O. Box 153
Vergennes, Vermont 05491
N.E.A.B. Business Phone: 855-338-4343
N.E.A.B. Fax Line: 802-877-2292
PLEASE ALLOW SIX WEEKS FOR
ACKNOWLEDGMENT.

MEMBERSHIP AGREEMENT

I hereby apply for South Royalton Rescue Squad Membership for members of my household listed on the reverse side. I understand that the \$95.00 household per year membership fee provides local emergency medical and emergency ambulance services to members of my household as medically needed in the South Royalton Rescue Squad service area at no additional cost to me from August 1, 2014 through July 31, 2015.

I also understand that this membership permits South Royalton Rescue Squad to collect directly from any third party agency whatever benefits may be available at no charge to me or my family, and that this membership is non-refundable and is non-transferable

Comparison. . . Member versus Non-Member

	<u>Member</u>	<u>Non-Member</u>
Advanced Life Support Emergency	\$.00	\$700.00
Basic Life Support Emergency	\$.00	\$500.00
Loaded Mileage (per mile)	\$.00	\$16.00
Intubation	\$.00	\$175.00
I.V./Drug Administration	\$.00	\$150.00
Oxygen	\$.00	\$125.00
Defibrillation	\$.00	\$250.00

If you choose not to become a member, please consider a donation.

The Facts. . . Membership

- The cost is \$95.00 per household.
- All members of your household, residing in our normal call area, will be covered under the membership.
- South Royalton Rescue Squad reserves the right to any third party billings.
 - Additional donations are tax deductible. Donations are acknowledged.
 - Memberships are effective from

South Royalton Rescue Squad

MEMBERSHIP APPLICATION

\$95.00 per year for household

August 1, 2014 - July 31, 2015

Principal Date of Birth _____

Subscriber _____

(First)

(Middle Initial)

(Last)

Mailing Address _____ Apt. # _____

City _____ State _____ Zip Code _____ Phone _____

Full name and age of household occupants other than myself to be included on this membership

Name _____ Date of Birth _____

Attach list of names and ages of household occupants if more space is needed.

Payment Must Accompany This Application or you may indicate below that you've paid online, please include the transaction ID number on your online payment receipt. To pay online please go to <http://royaltonvt.com/departments/south-royalton-rescue-squad-srfd/> and click on the online payment option.

Circle One : • New • Renewal • Donation only

In addition to the membership fee, I wish to make a tax deductible donation of:

\$ _____

I have (circle one): • Included a check for payment • Paid online, my receipt # is: _____