

## HAMPDEN TOWNSHIP E.M.S. (Shiremanstown Residents) 2023-2024 ANNUAL REQUEST FOR MEMBERSHIP

— REVERSE SIDE MUST BE COMPLETED TO ACTIVATE MEMBERSHIP —

Credit card payments will be accepted by calling (717) 909-7145 during normal business hours. Credit card payments will no longer be accepted by mail.
SELECT YOUR SUBSCRIPTION PLAN:  Individual \$150.00 Two Person Household \$220.00 Household (3-4 people) \$280.00  Household (5-6 people) \$315.00 Household (7 or more) \$35.00 for each additional individual  Total
PLEASE PRINT YOUR NAME AND ADDRESS BELOW

NAME		
ADDRESS		

As a reminder, non-medically necessary transports and non-transport services are not covered by your subscription. A \$350.00 fee will be assessed for non-transport services.

2023-2024 SCRIPTION RECEIP

Expires August 31, RETAIN THIS PORT

27.00

Address

## 717-761-5343 All Emergency Calls: Dial 9-1-1



**Check Number** 

## SHIREMANSTOWN BOROUGH LIST FAMILY MEMBERS TO BE COVERED

Last Name	First Name	Middle Initial	Date of Birth