



JOIN NOW!

SIGN UP AT YORKAMBULANCE.COM OR FILL OUT THIS FORM AND RETURN WITH YOUR CHECK!

Member: _____

Address: _____

(Mailing address if different) _____

Town: _____ ST _____ Zip _____

Phone (_____) _____ - _____

E-mail: _____ @ _____

MEMBERSHIP AGREEMENT

This membership/donation program agreement by and between York Ambulance Association, Inc. (YAAI) and member shall exempt the member and family who are members of the household and specified herein from charges for emergency ambulance services and any transfers provided by YAAI during the term of this agreement that are not payable or reimbursable through public or private insurance. Member agrees to apply for any insurance benefits available and authorize payment directly to YAAI. YAAI agrees not to bill the member for any charges in excess of insurance benefits available.

PLEASE CHECK YOUR MEMBERSHIP BELOW:

- | | | |
|--------------------------|--------------------------------------------------------------------------------------------|--------------|
| <input type="checkbox"/> | SINGLE MEMBERSHIP (1 PERSON) | \$75 |
| <input type="checkbox"/> | FAMILY MEMBERSHIP (2 OR MORE PEOPLE)
<small>LIST HOUSEHOLD MEMBERS BELOW</small> | \$100 |
| <input type="checkbox"/> | BUSINESS MEMBERSHIP
<small>LIST EMPLOYEES BELOW</small> | \$250 |

I'D LIKE TO MAKE A CHARITABLE GIFT OF \$_____

TOTAL ENCLOSED: \$_____

Amounts sent in that are less than the membership rates shown will be gratefully accepted as donations.

LIST HOUSEHOLD MEMBERS OR EMPLOYEES TO BE COVERED:

MEMBER SIGNATURE _____ DATE _____

PLEASE MAKE CHECKS PAYABLE TO YORK AMBULANCE
OR PAY ONLINE AT WWW.YORKAMBULANCE.COM

MEMBERSHIP AGREEMENTS ARE IN EFFECT ON DATE OF RECEIPT AND WILL
EXPIRE ON AN ANNUAL BASIS ONE YEAR FROM EFFECTIVE DATE.

NON-PROFIT
ORGANIZATION
U.S. POSTAGE
PAID
YORK, ME
03909
PERMIT NO. 11

YORK AMBULANCE ASSOCIATION, INC.
PO BOX 238
YORK, ME 03909-0238



ECRWSS

POSTAL PATRON

ANNUAL MEMBERSHIP DRIVE

WE'RE READY FOR YOUR NEXT MEDICAL EMERGENCY. YOU SHOULD BE TOO.



YORK

AMBULANCE ASSOCIATION

SERVING THE COMMUNITIES OF
YORK, SOUTH BERWICK & ROLLINSFORD

NON-PROFIT 501 (C) 3 ORGANIZATION

BECOME A MEMBER TODAY!
LEARN MORE INSIDE.

MEMBERSHIP BENEFITS

YORK AMBULANCE IS YOUR 9-1-1 EMERGENCY AMBULANCE SERVICE.

We also provide non-emergency ambulance and wheelchair transport services.

Individual & Family Memberships give you the peace of mind of knowing you will not have to pay any costs not covered by your insurance for ambulance transportation services. This includes 9-1-1 emergency response and any non-emergency medical transfers as authorized by your physician. In addition, members receive a discount on wheelchair van service.

Business Memberships provide the same benefit to owners and their employees when York Ambulance responds to the business location.

JOIN NOW & SAVE!

Member benefits will begin the date payment is received.

INDIVIDUAL: \$75
FAMILY: \$100
BUSINESS: \$250

York Ambulance Association, Inc. is not a division of any town fire department or hospital and is a 501(c)3 non-profit, independent agency.

Charitable donations are tax deductible to the extent of the law.



YORK
AMBULANCE ASSOCIATION

YORK STATION:
15 SALISBURY AVENUE, YORK, ME 03909

SOUTH BERWICK STATION
71 NORTON STREET, SOUTH BERWICK, ME 03908



YOUR MEMBERSHIP HELPS US SERVE YOU!

- Nationally and state certified paramedics and EMTs are available 24/7, 365 days a year.
- Our fleet of fully equipped advanced life support ambulances and wheelchair transport van is standing by.
- Free blood pressure & glucose screenings as well as free in-home assessments for safety guidelines and fall prevention are offered regularly.
- We offer on-site support at Marshwood and York school sporting events and local fairs and festivals.
- As a non-profit organization, charitable gifts are re-invested into equipment & training.

CONTACT US:

EMERGENCY: DIAL 9-1-1

**NON-EMERGENCY TRANSFER OR
WHEELCHAIR VAN RIDE: (207) 337-0587**

YORK AMBULANCE ASSOCIATION
PO BOX 238, YORK, ME, 03909
OFFICE: (207) 363-4403
E-MAIL: ADMIN@YORKAMBULANCE.COM
OR VISIT YORKAMBULANCE.COM

