

Business Membership Form

Yes, I would like to be a supporting 2009-2010 business member of the North Fork Ambulance Association.

Business Membership: \$75/yr - Additional Family Membership \$50 /yr

Please Print: _____

Business Name

Address: _____

Physical Address

Mailing Address (if different)

City

State

Zip

Phone Number

Date

We would also like **Additional Family Membership coverage for owner's residence and/or employees residences:**

Below are the names, addresses and contact information covered for an additional \$50 per family.

Mail form and payment to: North Fork Ambulance Association, P.O. Box 127, Hotchkiss, CO 81419

Family Membership and/or Senior Membership Form

Yes, I would like to be a supporting 2009-2010 member of the North Fork Ambulance Association.

Family Membership: \$60/yr

Senior Membership (65 & older): \$40 /yr

Please Print: _____

Last Name

First Name

Senior Age

Address: _____

Physical Address

Mailing Address (if different)

City

State

Zip

Phone Number

Date

Please list the names of family members permanently residing in the household:

I would like to pay for a **Gift Membership**. **Family Membership: \$60/yr** **Senior Membership (65 & older): \$40/yr**

Please list the name and contact information for this gift membership:
