



**WESTERLY
AMBULANCE CORPS, INC.**
Subscription Membership 2018
\$60.00

The Westerly Ambulance Corps., Inc. is a non-profit, volunteer-based organization that has served our community since 1917.
Please complete the information below and return the entire form with your subscription membership contribution of \$60.00 to:
Westerly Ambulance Corps., 30 Chestnut St., Westerly, RI 02891

Questions? Contact us at (401) 596-4375 Ext. 201 or at www.westerlyambulance.org

Head of Household:

First Name	Initial	Last Name	M/F	Date of Birth
_____	_____	_____	_____	_____

Address: _____ **Town/State/Zip** _____

Please list legal spouse and children 17 years old or younger, or a full-time student under the age of 24 that resides with you.
Other members of your household need their own subscription membership.

Spouse: First Name	Initial	Last Name	M/F	Date of Birth
_____	_____	_____	_____	_____

Child: First Name	Initial	Last Name	M/F	Date of Birth
_____	_____	_____	_____	_____

Child: First Name	Initial	Last Name	M/F	Date of Birth
_____	_____	_____	_____	_____

Your contribution as a current subscription member entitles you to:

- Emergency and non-emergency ambulance transport to any hospital within 75 miles of Westerly when requested by police, physicians or appropriate 911 calls and when service is provided by the Westerly Ambulance Corps., Inc. Service must originate in Rhode Island.
- We will bill your insurance, but any remaining balance will be waived.

Important Information:

Program is available to residents and property owners in the Westerly, RI

Non-emergency transports:

Must be medically necessary and authorized by a physician

Must be scheduled in advance

Subject to available personnel and equipment

Elective procedures, doctor office visits or ongoing treatment such as dialysis, chemo or radiation therapy are not included.

Subscription starts March 1, 2018 and extends for one (1) year.

Contributions received after March 1st are subject to a 30-day waiting period and will not be pro-rated.

We accept all major credit cards for your convenience however there will be a surcharge of \$1.50 for each charge.

Please charge my credit card in the amount of \$ **61.50** Card # _____

Name as it appears on the card: _____ Exp. Date _____ CVV code: _____

Billing Zip Code for Credit Card: _____

Signature: _____

Email address: _____ to send a credit card receipt

CARD HOLDER ACKNOWLEDGES RECEIPT OF GOODS/SERVICES EQUAL TO THE AMOUNT SET FORTH ABOVE AND AGREES TO ABIDE BY THE ISSUERS AGREEMENT WITH THE CARD HOLDER.

IN CASE OF EMERGENCY DIAL 911