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# Subscription Membership 2025

Westerly Ambulance Corps, Inc. is a non-profit, volunteer based organization that has served our community since 1917.



Please complete and return this entire form with your subscription membership contribution of \$80.00 to:

Westerly Ambulance Corps, 30 Chestnut St., Westerly, RI 02891

### Head of Household:

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

For any additions, please list relationship, first & last name, DOB, and Gender

Spouse/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 Westerly.
- 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 area.
- 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, 2025 and extends for one (1) year.
- Contributions received after March 1 are subject to a 30-day waiting period and will not be pro-rated.

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

Please charge my credit card in the amount of **\$81.50** Phone Number: ( )

Name as it appears on the card: \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address if different from above: \_\_\_\_\_

Email address for receipt: \_\_\_\_\_

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

**IN CASE OF MEDICAL EMERGENCY DIAL 911**

Questions? Contact us at (401) 596-4375 Ext. 203 or [www.westerlyambulance.org](http://www.westerlyambulance.org)