

# Enroll Today!

Open enrollment Aug – Sept.  
Your membership will extend to Sept. 30th of each year.



New Membership coverage begins 72 hours after acceptance of a properly completed application form with payment and extends from date of issue to Sept. 30th. Renewing active membership coverage extends for 1 year from existing expiration date.

Date of Application \_\_\_\_\_ Phone Number \_\_\_\_\_

Head of Household Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

Remember, we bill your insurance(s). LifeGuard will handle all insurance billings and waive those costs such as co-payments and deductibles that are not covered by insurance.

Personal check or money order made payable to **Woodburn Ambulance** is enclosed.

Visa  MasterCard Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Cardholder's Authorization Signature (required) \_\_\_\_\_

Add I agree to the terms and conditions on the back of this application.

Spouse's Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

If this membership covers dependents living in your home and who are claimed on your tax forms, please list their information below.

Dependent's Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Signature of Applicant (required) \_\_\_\_\_

Please let us know where you heard about LifeGuard:  Neighbor  Tv  Radio  Mail  Other \_\_\_\_\_

**Woodburn Ambulance • P.O.Box 584 • Woodburn, OR 97071 • Phone: 503.982.4699**