AirMedCare NETWORK®

A Global Medical Response Solution

MEMBERSHIP APPLICATION - Coles-Moultrie Electric Cooperative

1. MEMBER INFORMATION (please print)

Primary Member First Name	Primary Member Last Name	
Home Phone Number ( )	Cell Phone Number ( )	Date of Birth / /
E-mail Address	Current Member Household ID#	

Mailing Address	City	State	Zip	County
Home Address (if different than above)	City	State	Zip	County

I AGREE TO THE TERMS AND CONDITIONS V.01.2021 *(shown within this document)* **FOR ALL MEMBERSHIP PRODUCTS I AM PURCHASING.**

Initials _____ Date _____

2. ADDITIONAL HOUSEHOLD MEMBERS (for additional members, write in empty space on this application)

Secondary Member First Name	Secondary Member Last Name	Date of Birth
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /

3. MEMBERSHIP AND BILLING OPTIONS (select one)

AMCN EMERGENT COVERAGE	10 YEAR*	5 YEAR*	3 YEAR*	1 YEAR
Discounted Rate	☐ $589	☐ $299	☐ $199	☐ $79

*Multi-year memberships not available in AK & CA. 10-year membership not available in IN. Terms & conditions apply.

☐ **Monthly Membership Payment Option**

I Authorize Coles-Moultrie Electric Cooperative to add $5.00 per month to my bill and to disperse the money as payment for my AirMedCare Network Membership. I understand that this authorization will stay in effect as long as I am a member of AirMedCare Network, or until I submit a cancelation in writing.

Signature as it appears on bill _____ Account number (if known) _____

A member's membership will be effective 15 calendar days after receipt by AirMedCare Network of the member's first monthly Membership fee and will continue thereafter as long as monthly Membership fees are paid, but will terminate automatically without notice if no monthly Membership fee is received by AMCN from member for a 60 calendar day period.

A member may discontinue their AMCN membership at any time by signing a discontinuation notice as provided by AMCN.

Coles-Moultrie Electric Cooperative and AirMedCare Network are not affiliated. Coles-Moultrie Electric Cooperative is not responsible for any of AMCN's acts or omissions, and AMCN is not responsible for any of Coles-Moultrie Electric Cooperative acts of omissions. All AMCN membership relations are directly between AMCN and it's members.

By signing this authorization I agree to the terms stated above and acknowledge that I authorized to have the additional $5.00 AMCN fees added to my Coles-Moultrie Electric Cooperative bill. I also understand that I will communicate directly with AirMedCare Network for Membership Member Service.

Please return this application with your next water bill.

X _____

Signature required

Date / /

FOR OFFICE USE ONLY PLAN CODE 2362

☐ **Check or Money Order** *Payable to:* AirMedCare Network, P.O. Box 948, West Plains, MO 65775

☐ **Automatic checking account transfer** (attach a voided check)

Name on Bank Account _____ Routing Number _____ Account Number _____

☐ **Credit Card** ○ mastercard ○ VISA ○ DISCOVER ○ AMERICAN EXPRESS

Credit Card Number _____ Expires _____ 3 digit CVV# _____

STATEMENT OF AUTHORIZATION I authorize AirMedCare Network to initiate the EFT withdrawal as indicated on this form. If I have elected to pay via credit card, I agree to abide by all terms and conditions of my credit card agreement. If I have elected to pay via EFT, I authorize my financial institution to transfer the amount indicated on the attached voided check to AirMedCare Network. Adjusting entries to correct errors are also authorized. It is agreed that these debits and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA).

X _____

Signature required for automatic withdrawal

Date / /

FOR OFFICE USE ONLY PLAN CODE 3107

FOR QUESTIONS OR TO ENROLL BY PHONE:

Ryan Storm
Membership Sales Manager
217-441-1386
Ryan.Storm@gmr.net
AMCNRep.com/ryan-storm

AIR EVAC LIFETEAM

GUARDIAN FLIGHT

MED-TRANS

REACH℠

FOR OFFICE USE ONLY

GET CODE	TRACK CODE	PLAN CODE
	15009	3107

RELATION CODE 3107-IL-BUS