



# MEMBERSHIP APPLICATION

Sign-up online today at [www.lifeflight.org](http://www.lifeflight.org)

## MEMBER ENROLLMENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse/Domestic Partner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Additional Household Members:

*Includes any dependents claimed on your tax return and elderly or disabled family members living in the same household*

	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## MEMBERSHIP RATES

- \$65 – 1 Year                       \$120 – 2 Years                       \$275 – 5 Years  
 \$1,000 – Lifetime Membership     \$250 each year for 4 consecutive years – Lifetime Payment Plan

## PAYMENT INFORMATION

- Check payable to Life Flight Network Foundation  
 Credit or Debit (Visa, M/Card, AmEx, Discover): Amount \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize Life Flight Network to charge the amount indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## GIFT GIVER INFORMATION (IF APPLICABLE)

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

- Send membership cards to me                       Send renewal form to me when due

**PLEASE RETURN APPLICATION TO LIFE FLIGHT NETWORK MEMBERSHIP OFFICE:**  
 PO Box 3841 • Portland, OR 97208-3841 • Phone (800) 982-9299 • Fax (503) 678-4369

*This application is valid through 3/30/18 Please contact the Membership Office for an updated application if this form is expired. New member benefits take effect 72 hours after receipt of completed application and payment. Life Flight Network transports patients based on medical need, not membership status. Medicaid beneficiaries should not apply for membership. Aviation services provided by Life Flight Network and Jackson Jet Center.*

# STATEMENT OF UNDERSTANDING

**By becoming a Life Flight Network and/or FireMed Member, you agree to the terms stated below.**

Life Flight Network and/or FireMed Membership benefits are extended to the primary member, his/her spouse or domestic partner and their dependents claimed on their income tax return. Elderly or disabled family members living in the same household are also covered.

The first person listed on the application form is designated as the "Primary Member". Only those persons who meet the membership eligibility requirements AND are listed in the membership record *at the time services are rendered* are eligible for benefits. Per government regulations, individuals covered by Medicaid are not eligible for membership and should not apply.

Life Flight Network and/or FireMed Memberships are not an insurance policy but secondary to insurance carriers. All available insurances will be billed first. We will accept payment from insurance carriers as payment in full.

Life Flight Network Memberships are honored by several regional *air* transport reciprocal partners. Your Life Flight Network Membership covers air transport when emergently transported in a Life Flight Network aircraft. Reciprocity between regional air membership programs is subject to the reciprocating program's rules.

Ground Memberships are honored by FireMed Membership programs of Oregon. Ground Membership covers ground ambulance charges only.

Both air and ground emergent 9-1-1 and interfacility transports are based on medical need, not membership status. Patients are transported to the closest medically appropriate facility as requested by the physician or EMS system. Non-emergent transports are not covered by this agreement.

Availability of service cannot be guaranteed due to weather conditions, commitment to another transport or aircraft out-of-service.

No refunds will be issued on Membership purchases. Membership benefits are non-transferrable.

Renewal payments must be received prior to the expiration date to avoid a lapse in benefits. There is no grace period.

New and lapsed Membership benefits take effect 72 hours after receipt of a completed enrollment with payment.

Membership fees are not tax-deductible.

I transfer directly to Life Flight Network and/or the FireMed Agency my rights to air and/or ground insurance payments due to me for services provided by Life Flight Network and/or the FireMed Agency. Such payments shall not exceed Life Flight Network and/or FireMed regular charges.

I specifically waive any and all rights, claims or causes of action against Life Flight Network and/or the FireMed Agency and its employees and agents with respect to my Life Flight Network and/or FireMed Membership and the Life Flight Network and/or FireMed Membership Program.

The Membership Program may be canceled at any time for any reason, including financial feasibility and governmental regulation of such programs. Terms and conditions are subject to change. For current terms see [www.lifeflight.org](http://www.lifeflight.org)

## LIFE FLIGHT NETWORK LOCATIONS



*Life Flight Network manages the following Oregon FireMed programs: Baker City, Black Butte Ranch, Canby, Hood River County, Jefferson, La Grande, La Pine, Molalla, Pendleton, Rager, Redmond, Sisters Country, Southern Wasco County, Sunriver, Umatilla Tribal, and Wallowa. If you live outside of these areas, please contact your local EMS provider about ground membership.*

**There. When you need us. [www.lifeflight.org](http://www.lifeflight.org)**