



It's easy to enroll: GO ONLINE to www.REACHair.com/membership. MAIL completed application with enrollment fee to address above.
FAX completed application with credit card information to 707 324-2478.

Membership Application for (select one): [] New Membership [] Renewal [] Gift Membership

Membership Type/Annual Fee (select one): [] Individual - \$40 [] Family - \$45 [] Group Individual - \$25 [] Group Family - \$40

Group Memberships must provide:

Group Name/Affiliation _____ Coordinator Name _____ Coordinator Phone Number _____

Family memberships are defined as the primary member (or gift member), plus spouse or partner, and other family members (including step-children and dependent parents) living in the same house. Group Memberships are available for a minimum of eight applications (individual, family or business) submitted together by a designated group coordinator with a single group payment. For large groups of 150 or more, please contact us for pricing options.

Primary Member Information (or Gift Recipient Information)

First Name _____ M.I. _____ Last _____

Address _____

City _____ State _____ ZIP _____ County _____

Home Phone _____ Cell/Work Phone _____ Date of Birth _____

Email _____ Gender [] M [] F Soc Sec # (last 4 digits only) _____

This gift is from _____ Phone Number (in case of questions) _____

Mail membership to: [] Primary/Gift Member Address [] Billing Address

Billing Name and Address (if different than above)

First Name _____ M. I. _____ Last _____

Address _____ City _____ State _____ ZIP _____ County _____

Table with 5 columns: Family Information, Name, Relationship to Primary Member, Date of Birth, Gender. Rows for Family Member 1-4.

Health Insurance Co. _____ Group # _____ Member ID # _____

Best way to contact you? [] Email [] Mail [] Phone Would you like to receive our health-related newsletter? [] Yes [] No

Payment Information (Please check preferred method of payment) [] Check or Money Order (payable to REACH for Life)
Please charge my credit card: [] VISA [] MasterCard [] American Express [] Discover Card
Credit Card # _____ Exp. Date _____ Security Code (last 3#s on back of card) _____
Name (as it appears on credit card) _____

Membership cards will be mailed approximately 14 days after we receive your application and payment. Membership cards are not required to receive service. Your canceled check, credit card statement or money order receipt is your proof of payment.

BEFORE YOU PURCHASE: If you are currently enrolled in a health maintenance organization (HMO) or other health insurance program, the benefits provided by REACH for Life may duplicate the benefits provided by your current plan. Before purchasing REACH for Life coverage, it is recommended you call your health plan provider to determine if you are covered for this service. WARNING: REACH for Life is not an insurance program. It will not compensate or reimburse another ambulance company that provides emergency transportation to you or your family. This may occur when the 911 Emergency System has independently determined that another company could provide more expeditious service or is next in the rotation to receive a call. This might also occur if REACH is unable to perform within a medically appropriate timeframe due to certain weather conditions, or mechanical/out-of-service issues, or when committed to another call. REACH for Life membership only applies to emergency air medical transport by REACH or a REACH service partner. REACH reserve the right to cancel and individual membership or REACH for Life membership program at any time. COMPLAINTS: For complaints regarding REACH Air Medical Services, first attempt to call us at 866 767-3224. If your complaint is still unresolved, you may contact the Department of Managed Health Care at 800 400-0815 or visit their website at http://www.dmhc.ca.gov.

To confirm agreement to conditions of membership in the REACH for Life program, please check "I agree" box below, sign, date and return this application with your payment. REACH membership will only be valid with this signature.

[] I agree [] I do not agree Signature _____ Date _____

For more information, call REACH for Life weekdays from 8 a.m. to 5 p.m. PST at 866 767-3224 or visit our website at www.REACHair.com.