

Yes! I am interested in the 2007 Annual Membership.

I am enclosing:

- \$30. FOR SINGLE MEMBERSHIP
 \$60. FOR HOUSEHOLD MEMBERSHIP

We would also like to DONATE \$ _____

Please make corrections to name/address on opposite side of this card.

Phone Number (_____) _____

List all household members, to activate card:

Name	date of birth	medicare?
_____	_____	yes / no
_____	_____	yes / no
_____	_____	yes / no
_____	_____	yes / no
_____	_____	yes / no
_____	_____	yes / no

I authorize payment of authorized Medicare Benefits or other insurance benefits to be made on my behalf for any services furnished by this health care provider. I authorize any holder of medical information or documentation about me to release to the Health Care Financing Administration and its carrier and agents, as well as this health service provider, any information or documentation needed to determine these benefits or benefits payable for any services provided to me by this health service provider now or in the future.

Signature _____

Date ____ / ____ / ____

Thank you for your continued support!



AMBULANCE MEMBERSHIP CARD



Souderton Community Ambulance
Association Inc.

For Emergency Call: **9-1-1**

For All Other Calls: (215) 723-3400

Expires: Dec. 31, 2007

Please make checks payable to:

**SCAA
PO Box 64214
Souderton, PA 18964-0214**

**Keep This Card
With Your Records!**

