

Membership Enrollment

To enroll by phone, call 800.793.0010
or online at www.amcnrep.com

By applying for membership, I agree to AMCN's and/or Fly-U-Home's terms and conditions on the reverse side.

Initials	Today's Date

STEP 1 Member Contact Information (please print)

First Name		Last Name	
Mailing Address			
City	State	Zip	
Physical Street Address (if different from above)			
City	State	Zip	
County	Home Phone		
Date of Birth	Cell Phone		
E-Mail Address (in order to sign up with recurring payment options, you must provide a valid email address.)			
Do you live within the city limits? Yes <input type="checkbox"/> No <input type="checkbox"/>			

STEP 2 List Additional Members In Household

First Name	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	

For customer service inquiries please call:
800.793.0010 or fax changes to 866.299.3303

Membership enrollment forms may be mailed to:
AirMedCare Network, PO Box 948, West Plains, MO 65775

AMCN & Fly-U-Home	For Office Use Only GET CODE	TRACK CODE 13795	PLAN CODE
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STEP 3 Choose a Membership Option (select one)

Household Membership Type	Cost
<input type="checkbox"/> Platinum (25 Year) Membership*	\$1125
<input type="checkbox"/> 10-Year Membership*	\$575
<input type="checkbox"/> 5-Year Membership*	\$300
<input type="checkbox"/> 3-Year Membership*	\$185
<input type="checkbox"/> 1-Year Membership	\$65

*Multi-year memberships are not available in Indiana or California

Fly-U-Home Membership Options

Household Membership Type	Cost
<input type="checkbox"/> 1-Year Membership Add-on* \$15 Savings!	\$134
<input type="checkbox"/> 1-Year Membership Stand-Alone	\$149

#Add-on available only with AMCN Membership

STEP 4 Choose a Payment Option (select one)

Check or money order made payable to:
AirMedCare Network
PO Box 948, West Plains, MO 65775 # _____
Check or Money Order Number

One Time transfer from checking account or credit card.

VISA M/C DISC AMEX

Bank Information (required for automatic transfers from checking account)

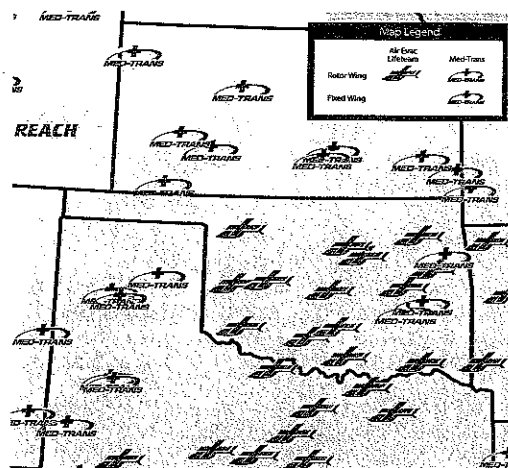
Name on bank account (please attach a voided check)

Routing number _____ Account number (please attach a voided check) _____

Credit Card Number _____ Expires _____ 3 digit code on back of card _____

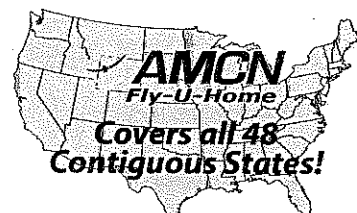
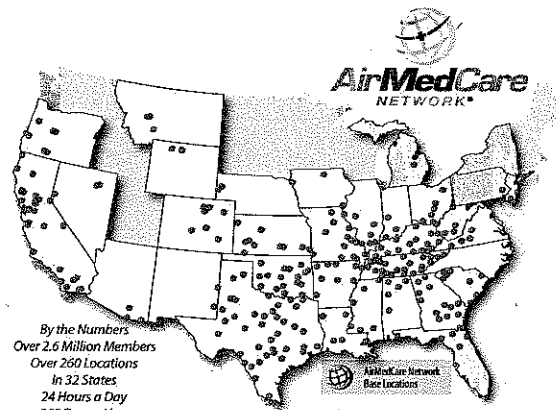
Statement of Authorization I authorize AirMedCare Network to initiate the EFT withdrawal as indicated above. If I have elected to pay by credit card, I agree to abide by all terms and conditions of my credit card agreement. If I have elected to pay via EFT, I authorize my financial institution to transfer 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). This authorization is to remain in full force and effect until written notification is given to the AirMedCare network of its termination.

X _____ month / day / year
(Signature required for Credit Card/EFT Authorization)



AirMedCare Network participating providers include:

Air Evac Lifeteam • Med-Trans Air Medical Transport • REACH Air Medical Services
AEROCARE • AIR LINK • AirLink CCT • Air Reach • AmMed Life Flight • Arizona LIFELINE •
Cal-Ore Life Flight • CALSTAR • Carilion Clinic Life-Guard • EagleMed • FlightCare •
GHS Med Trans • Life Air Rescue • LIFE FORCE • LIFESTAR • McAlester Regional Air Care •
Medicare Air • Memorial Star Transport • Mercy Air Care • Mercy AIR MED • Methodist AirCare •
North Colorado Med Evac • Regional One • Shannon AirMed1 • Sierra Lifeflight •
Southern Colorado CareConnect • Wings Air Rescue • Women's Hospital of Texas (WHO1)



For more information on
AirMedCare Network's
Fly-U-Home program, visit
www.airmed.com/Fly-U-Home
or call 877-238-0010



The **BEST THING**
to happen...
...on the worst day
of your life.

Membership Program



Local Membership Sales Manager
Larry Fitzpatrick • 580-399-1557

larry.fitzpatrick@airmedcarenetwork.com



JOIN BY PHONE
800-793-0010



JOIN ONLINE
www.amcnrep.com



JOIN BY MAIL
Fill out the application