

NORTHSTAR EMS

MEMBERSHIP APPLICATION

Print and mail with proper membership fee.

NORTHSTAR EMS MEMBERSHIP APPLICATION

Application Date ___/___/___ Individual \$35___ Family \$55___ New Member___ Renewal___

Member Name_____ Sex___ DOB___/___/___ Social Security Number_____

Spouse Name_____ Sex___ DOB___/___/___ Social Security Number_____

Child Name_____ Sex___ DOB___/___/___ Social Security Number_____

Child Name_____ Sex___ DOB___/___/___ Social Security Number_____

Child Name_____ Sex___ DOB___/___/___ Social Security Number_____

Child Name_____ Sex___ DOB___/___/___ Social Security Number_____

_____ Check here if more than three children, and include their information on a separate sheet of paper.

Mailing Address_____ Telephone Number_____

City_____ State_____ Zip Code_____

Member Medicare # _____ Member Medicaid # _____

Spouse Medicare # _____ Spouse Medicaid # _____

Other Insurance Company_____ Group # _____ Policy # _____

I am applying for membership with NorthStar EMS for myself and qualifying family members listed on this application. My signature below and the enclosed annual fee authorize processing by NorthStar EMS. I have read and agree to the terms of membership with NorthStar EMS. I further understand this is not and insurance policy.

Primary Member Signature

Spouse Signature