



APPLICATION FOR MEMBERSHIP

Klamath County Fire District No. 1
143 N Broad Street
Klamath Falls, OR 97601
(541) 885-2056



Please Print

Your Name Last First Middle Telephone Apt/Space#

Street Address Apt/Space#

City State Zip

Mailing Address (if different than above)

City State Zip

All Qualifying Household Members (Please list all persons who are permanent residents of your household including yourself)

Table with columns: Last Name, First Name, MI, Relationship to you, Social Security #, Date of Birth (Mo., Day, Yr.), and five Member rows.

1. Does anyone in the household have Medicare benefits? [] Yes [] No
Applicant Policy #: Spouse Policy #:

2. Does anyone in the household have health or supplemental insurance? [] Yes [] No
If yes, Insurance Company: Policy #:

3. Does anyone in the household have auto insurance benefits? [] Yes [] No
If yes, Insurance Company: Policy #:

Membership Options (Please choose only one):

FireMed Only

FireMed and Mercy Flights

- 12 Months - pay in full at time of enrollment = \$50
12 Months - 3 monthly payments of \$20 = \$60*
24 Months - pay in full at time of enrollment = \$90
Life Member - pay in full at time of enrollment \$1,000

*If you have chosen a payment plan option, please include the first payment. By signing the back of this agreement, you agree to complete the payment plan option you have chosen.

Your payment must accompany this application form

Payment Method:

- Check enclosed - If paying by check, make payable to: Klamath County Fire District No. 1 (KCFD1)
[] Visa [] Mastercard

Account Number: Expiration Date:

Signature:

Tax deductible contribution to KCFD No. 1 in addition to Membership: [] \$10 [] \$20 [] \$50 [] Other

