

Access Air Ambulance General Membership

1655 Thomas Gallagher Way
Elko, NV 89801
Bus. (775) 738-3493 / Fax (775) 738-3494

**PLEASE MAIL OR FAX
DIRECTLY TO ACCESS AIR**

New Renewal Gift

Membership Term

One Year (Family) \$ 50.00
 Three Year \$ 135.00
 Five Year \$ 200.00

Primary Member

Name: _____

Address: _____

City: _____

County: _____ State: _____ Zip: _____

DOB: ____/____/____

Phone #: (____) _____ - _____

Other Family Members

First Name	Last	Relation	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please make checks payable to: **Access Air Ambulance**

Check Visa MasterCard

Credit Card #: _____

Exp. Date: ____/____/____

Signature: _____

Jeflyn Aviation, Inc. does Credit card Processing

Statement of Understanding

I have read and agree to the benefits, terms, and conditions of the Access Air Ambulance, Inc.; Membership Program as described below:

1. I understand that the Access Air Ambulance Membership Program benefits are for myself, spouse, and dependents 18 years and under listed on this form for the type of membership indicated.
2. I transfer directly to Access Air Ambulance, Inc. my rights to air medical insurance payments due me. Such payments shall not exceed Access Air Ambulance, Inc.'s regular charges. **Access Air Ambulance will respond based on medical necessity.** Medical necessity must be determined by a healthcare professional or pre-hospital healthcare provider except in cases of transport from extremely remote areas.
3. New membership benefits take effect after receipt of a completed application with payment.
4. Access Air Ambulance membership fees are non-refundable and membership is not transferable.
5. I understand that the Access Air Ambulance Membership Program may be canceled at any time for any reason.
6. **I understand that my membership is not an investment, and does not provide any form of financial security, or any form of insurance to me, or the other members listed on this application. I specifically waive any and all rights, claims or causes of action against Access Air, Access Air Ambulance, Inc., or its employees with respect to my Access Air Ambulance membership and the Access Air Ambulance Membership Program.**

Signature: _____

Date: ____/____/____

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