

2019 MEMBERSHIP
NORTHWEST EMS, INC

Subscription Rates (Circle one)			
FAMILY	\$80	COUPLE	\$65
SINGLE		\$50	

Subscription Rate _____
Date of Payment : _____
Donation (Optional) _____
Total Enclosed _____
(Check # __)
Credit Card Type: (Circle one)



____ ____ ____ ____ ____	____ ____ ____ ____	____ ____ ____ ____	____ ____ ____	____ ____	/	____ ____	____ ____ ____
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Card #: _____ Expiration Date _____ 3 Digit Security Code _____

Receipt Issued Upon Request

Name: _____	Names of Additional House Hold Members: _____	
Address: _____	_____	_____
_____	_____	_____
Phone: _____	_____	_____
Signature: _____	_____	_____

RETURN COMPLETED FORM TO NORTHWEST EMS, INC, 380 W Bainbridge St, Elizabethtown, PA 17022