

**HOOVERSVILLE RESCUE SQUAD, INC.**  
**E.M.S. 2008**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Apt.# \_\_\_\_\_

PO Box # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Subscription Rate: \$20.00 Subscription \_\_\_\_\_

**MEMBERSHIP NOT VALID UNLESS** Contribution \_\_\_\_\_  
**SIGNED ON REVERSE SIDE.** Total Enclosed \_\_\_\_\_

NOTE: This is your only subscription notice.

**Please enclose payment and return this portion.**

**HOOVERSVILLE  
RESCUE SQUAD, INC.**  
*www.hooversvilleems.org*

**E.M.S. 2008**

MEMBERSHIP CARD  
AND  
SUBSCRIPTION RECEIPT

**EMERGENCY  
NUMBER  
911**

Check No. \_\_\_\_\_ Dated \_\_\_\_\_

EXPIRES: DECEMBER 31, 2008  
**Detach and retain this portion.**

Hooversville Rescue Squad, Inc. (HRS) reserves the right to any available third party billings.

Please list below family members residing in your home

**Authorization**  
I request payment of authorized medical benefits or other insurance benefits be made on my behalf to HRS for any ambulance services provided to me by HRS. I authorize any holder of medical information or documentation about me to release to the Health Care Financing Administration and its carriers and agents, as well as to HRS any information or documentation needed to determine these benefits payable for related services or any services provided by HRS now or in the future.

		Insurance Information
(First)	(Last)	(Medicare/Blue Cross Numbers)
_____	_____	_____
(Head of Household)		_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I acknowledge that I have been provided with a copy of the HRS notice of privacy practice.

**Please complete the section above**

**X** \_\_\_\_\_ (SIGN)  
**SIGNATURE (HEAD OF HOUSEHOLD)**

**RETURN THIS COMPLETED PORTION WITH PAYMENT**

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**General Information**

This subscription entitles the holder, unlimited Emergency Medical Service (excluding nonemergency trips) until December 31, 2008