



**MEMBERSHIP ENROLLMENT**  
**Sheridan Fire District**  
**FireMed**



Sign-up online today at [www.lifeflight.org](http://www.lifeflight.org)

Please check the appropriate box to indicate whether this enrollment form is for a new or existing membership:

- New Member                       Existing/Renewing Member - Member ID#: \_\_\_\_\_

**MEMBER ENROLLMENT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse/Domestic Partner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Additional Eligible Household Members:**

*includes any of the following family members living in the same household: dependents claimed on your tax return, disabled family members, and/or family members who are 65 years or older living in the same household.*

	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CHOOSE A MEMBERSHIP OPTION:**

Program Options:	One Year	Two Year	Five Year	Lifetime
Life Flight Network Air <i>ONLY</i>	<input type="checkbox"/> \$ 75	\$140	\$ 325	\$1,200
Sheridan FireMed Ground <i>ONLY</i>	<input type="checkbox"/> \$ 75	N/A	N/A	N/A
Sheridan FireMed and Life Flight Network	<input type="checkbox"/> \$140	N/A	N/A	N/A

**PAYMENT INFORMATION**

- Check (payable to Life Flight Network Foundation)  
 Credit or Debit (Visa, MCard, AmEx, Discover): Amount \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize Life Flight Network to charge the amount indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN MEMBERSHIP APPLICATION TO:**

Life Flight Network Membership • PO Box 3841 • Portland, OR 97208 • Phone (800) 982-9299 • Fax (503) 217-1413

*This application is valid through 12/31/2022. Please contact the Membership Office for an updated application if this form is expired. New member benefits take effect upon receipt of completed application and payment. Life Flight Network transports patients based on medical need, not membership status. Medicaid beneficiaries should not apply for membership. Life Flight Network operates under its own FAA Part 135 Air Carrier Certificate.*