



Annual Ambulance Club Membership

Dear Resident:

It is the time of year to initiate or renew your membership with our ambulance club. This membership is offered to residents living within the primary response area of the New Oxford Ambulance. The club was established to help defray charges for EMERGENCY medical services provided throughout the year.

The current membership will run from July 1, 2007 through June 30, 2008. There will be NO fee reduction if you join later in the year; therefore, we suggest that you join as soon as you receive this notice. Membership fees for this year are as follows:

- **\$25 – One or two persons age 65 or over**
(NOTE: If two people are in the household and only one is age 65 or over, both people can be covered at the \$25 fee.)
- **\$35 – One or two persons under age 65**
- **\$45 – Family membership of three or more persons**

IN ORDER TO CLAIM FAMILY MEMBERS ON YOUR CLUB MEMBERSHIP, YOU MUST BE ABLE TO CLAIM THEM ON YOUR INCOME TAX! Any additional persons living in the same household and having the same address may be listed on this form, but fees must be sent according to the above regulations.

Our ambulance billing is done by AB Electronic Billing. If you are transported by one of our ambulances, you may be contacted by AB to provide important insurance information so that we can receive reimbursement from your insurance company. **As a club member, the amount paid by your insurance provider will be accepted as full payment. If you are not a member, you will be billed for the balance.** Our current rate for an ambulance transport is \$450 plus mileage.

Please note this membership does NOT cover charges for services rendered by any hospital-based medic units or aero medical services. It does NOT cover services other than emergency care provided by the New Oxford Ambulance.

Complete the membership information below and return with the appropriate fee. All funds should be in the form of check or money order, and made payable to N.O.F.C. Ambulance. Your cancelled check will serve as your receipt. Our mailing address is:

**N.O.F.C. ATTN: Ambulance Secretary
21 North Bolton Street, New Oxford, PA 17350**

If you have any questions you may call 624-7456 and someone will assist you.



New Oxford Community Fire Company, Inc.

21 North Bolton Street, New Oxford, PA 17350

www.nofc.org

Tel: 717.624.7456

Fax: 717.624.7722

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Address _____ Apt.# _____
_____, PA _____

Phone Number _____

Names & ages of persons included in your membership:

_____ AGE _____
_____ AGE _____
_____ AGE _____
_____ AGE _____
_____ AGE _____