

S.A.E.S.A Ambulance Subscribers Form
125 S. Center P.O. Box 336
Stockbridge, Mi. 49285

Name:

Address:

City Zip

Phone

Family Living at Residence

I HEREBY APPLY FOR:

A one year Household Subscription -\$ 35.00 per family per year.....

A one year Senior Citizen (65 years or over) Subscription - \$30.00 Per Year.....

As a subscriber, EMERGENCY ambulance service is FREE. Your Insurance, Medicare, or Medicaid payment will be accepted as full payment. Your signature below authorizes us to bill your insurance for payment to us.

Your subscription will be applicable from either January 1, 2009 or date of receipt through January 1, 2010.

ADDITIONAL AMBULANCE FUND DONATIONS....\$

Signature of Applicant _____ Date

Your Contributions are TAX DEDUCTIBLE