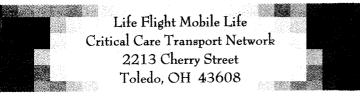
## LIFE FLIGHT MEMBERSHIP APPLICATION

St. Vincent & University of Toledo Medical Center Critical Care Transport Network has the right to require proof of conditions for membership at any time and may withhold membership benefits for any person for whom proof is given.

## THIS IS NOT AN APPLICATION FOR AN INSURANCE POLICY.

Your check or money order should be made payable to Life Flight Mobile Life Critical Care Transport Network, and mailed to the following address:



PL	E A S	E PR	INT	
□ne	ew Membersl	nip [	Renewal	
Name		<u></u>		
Date of Birth		SS#		
Address			<del>, , , , , , , , , , , , , , , , , , , </del>	<del>a pada tan</del> a nyaéta ar
City				Assume Assume
State		Zip		٠
Phone	<del>*************************************</del>	· · · · · · · · · · · · · · · · · · ·		<del> </del>
List spouse and un	ımarried dep	endents ( <u>as</u>	defined b	y the IRS).
Name/Relation				
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Name/Relation				
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Name/Relation		
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Name/Relation		
Date of Birth	S#	
INSURANCE IN		
Submit copies of all insurance of	ards with this a	pplication
Primary Insurance	ID#	
Insurance Company City		
Insurance Company City		
State	Zip	
Spouse/family covered? Tes	□No	
•		
Primary Policy Holder		
Secondary Ingurance	ID#	
Secondary Insurance	ID# :	Pak (Ma <del>bo</del> )
Insurance Company City		
State	Zip ,	<del></del>
Spouse/family covered? • Yes	□No	
	<u> </u>	
Primary Policy Holder		- 30 Sept. (1975)
Signature	Date	
SEND COMPLETED AF MEMBERSHIP FEE		WITH



Life Flight Mobile Life Critical Care Transport Network 2213 Cherry Street Toledo, OH 43608