

**VBEMS, Inc. Membership Program Form**

Dear Member,

It is time to renew your membership. Please update any information listed below (including insurance information), and submit this form and your check to our office prior to your expiration date of 06/30/2022.

Full membership with insurance: \$40.00.

Full membership without insurance: \$100.00

A membership covers all household members under the description of “any immediate family members and /or dependents under the age of 21 living in the household”. All information for covered dependents to be included under the members must be provided at the time of enrollment for membership renewal.

**Member Information: Account #**

Telephone Number: \_\_\_\_\_ Social Security#: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Birth Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/ID: \_\_\_\_\_ Group#: \_\_\_\_\_

**Spouse / Dependent Information:**

Spouse / Dependent Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/ID: \_\_\_\_\_ Group#: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_ Policy/ID: \_\_\_\_\_ Group#: \_\_\_\_\_

**Membership Statement**

**Signature Required by Policyholder, Authorized Person or Power of Attorney**

*(Membership is non-transferable and non-refundable)*

**I acknowledge & accept the terms of the VBEMS, Inc. Membership Program. I authorize the release of any medical information to or by VBEMS, Inc. necessary to process claim(s) for payment of services rendered to me by VBEMS. I request payment of authorized Medicare benefits and/or other insurance benefits be made on my behalf to VBEMS, Inc. for any ambulance services and supplies furnished to me by VBEMS, Inc., whether in the past, now or in the future. Signature of Policyholder/Authorized Person/Power of Attorney:**

Membership Signature: \_\_\_\_\_

Dependent Signature: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_

Remit to  
**VBEMS**  
**P.O. Box 133 Paw Paw, MI. 49079**  
**269-657-2996**