



Canby Fire District

FireMed Membership Application

Annual membership expires December 31st each year

Help Us Keep Costs Low! Sign Up Online!



OPTION 1:

Register & Pay \$61 Online

www.emspatient.com/canbyfiremed

OPTION 2:

Mail-In & Pay \$61 by Check or Card

Mail to: PO Box 3510, Silverdale, WA 98383

Canby Household Information

Street Address

Apartment/Unit #

City

State

ZIP

Primary Phone Number

Email Address

Household Members

Please List Primary Household Member First:

Member 1 (Primary):

Last Name, First Name

M.I.

Date of Birth

Member 2:

Last Name, First Name

M.I.

Date of Birth

Member 3:

Last Name, First Name

M.I.

Date of Birth

Member 4:

Last Name, First Name

M.I.

Date of Birth

Member 5:

Last Name, First Name

M.I.

Date of Birth

Payment Option 2 - Pay \$61 by Mail with Check or Credit Card

☐ Check made payable to **Canby FireMed**
Mail to: PO Box 3510, Silverdale, WA 98383

☐ Visa

☐ MasterCard

☐ Discover

☐ **Current Member for Next Calendar Year**

☐ **New Member for Current Calendar Year**

☐ **New Member for Next Calendar Year**

Credit Card Number

CVC #

Exp Date (MM/YY)

Submission of this application with payment constitutes acceptance of the FireMed Terms of Agreement. The Terms of Agreement are for your records. **If payment is received after December 31st, coverage takes effect after three (3) business days. Current Calendar year applications are not prorated.**

Canby FireMed Membership 2027

Your cleared check or bank/credit card statement is your receipt.

Keep this bottom stub for your records (optional).

Confirmation #

Check #