

RESCUE HOSE CO. AMBULANCE ANNUAL MEMBERSHIP REQUEST

PLEASE COMPLETE THE INFORMATION ON THE FRONT AND BACK SIDE OF THIS FORM.

| | | | |
|------------|---------|-----------|----------|
| INDIVIDUAL | COUPLE | HOUSEHOLD | DONATION |
| \$10.00 | \$20.00 | \$40.00 | |

Please Return With Remittance For Our Records

Name (Husband) _____ Date of Birth _____

Name (Wife) _____ Date of Birth _____

Street, Box or R.F.D. _____

City, State and Zip _____

Telephone _____ Date _____

Card good from January 1, 2015 to December 31, 2015.



EMERGENCY CALL 911
RESCUE HOSE COMPANY AMBULANCE
BEAVERTOWN, PA

This is to certify that



NAME _____

Is a Member of Ambulance Club to Dec. 31, 2015.

Read reverse side.

Retain this portion for your record.
Cut or litter. Patients only.

R.H.C. reserves the right to service calls due to personnel and equipment available.

Ambulance should be called only in an emergency or on doctor's orders.

Household membership covers all persons living in the same household.

When calling ambulance, state name, address, where needed, time needed and where to transport patient.

R.H.C. reserves the right to limit service to necessary calls. Card will be void when moving from coverage areas.

Names in Household

Date of Birth
