

Membership includes the applicant and spouse, and the resident children up to 21 years of age (through 23 if still attending school) who have never been married.

### Applicant

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 Home phone (including area code) \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_  
 Social Security number \_\_\_\_\_ Medicaid number \_\_\_\_\_ Medicare number \_\_\_\_\_  
 Email address: \_\_\_\_\_

### Spouse

Last name \_\_\_\_\_  
 First name \_\_\_\_\_ Middle initial \_\_\_\_\_  
 Date of birth (mm/dd/yyyy) \_\_\_\_\_  
 Social Security number \_\_\_\_\_  
 Medicaid number \_\_\_\_\_ Medicare number \_\_\_\_\_

### Dependent Information (List additional family members on a separate sheet of paper.)

Dependent name	Date of birth (mm/dd/yyyy)	Select one:
1. _____	_____	<input type="checkbox"/> Child age 0-20 <input type="checkbox"/> College student, age 21-23 <input type="checkbox"/> Handicapped
2. _____	_____	<input type="checkbox"/> Child age 0-20 <input type="checkbox"/> College student, age 21-23 <input type="checkbox"/> Handicapped
3. _____	_____	<input type="checkbox"/> Child age 0-20 <input type="checkbox"/> College student, age 21-23 <input type="checkbox"/> Handicapped

**Note: To be eligible for Medicare & Supplemental Insurance discount, the information below must be provided.**

### Insurance Information, Applicant

Private insurance name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Name of policy holder \_\_\_\_\_  
 Insured's employer & phone (Include retired information) \_\_\_\_\_  
 Policy number \_\_\_\_\_  
 Group number \_\_\_\_\_  
 Insurance phone \_\_\_\_\_

### Insurance Information, Spouse

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Fill in the information on both sides. Mail** this completed membership application in the enclosed envelope to:  
 Acadian Ambulance Membership Dept., PO Box 91431, Lafayette, LA 70509-1431  
 You may sign up with any major credit card online at [www.myacadian.com](http://www.myacadian.com), or by calling **1.800.256.JOIN** (1.800.256.5646).  
 (\$2.00 Charge card handling fee by phone)

**Membership deadline is Friday, September 7th.**  
**NOTE: Mississippi and Texas residents with Medicaid coverage, by law, are not eligible to purchase a membership.**  
**Louisiana Medicaid recipients can make a voluntary contribution**

**Select one:**

\$75 one-year standard membership  
 \$150 two-year standard membership  
*Only for applicants with traditional medicare & supplemental insurance:*  
 \$60 one-year discounted membership  
 \$120 two-years discounted membership  
 Add \$\_\_\_\_\_ as a donation to the Helping Hand fund (optional)

**CIRCLE CARD TYPE:** VISA    MASTER CARD    DISCOVER    AMERICAN EXPRESS

CARD NUMBER		3-DIGIT CODE ON BACK PANEL
SIGNATURE	EXPIRATION DATE	AMOUNT PAID
<input type="checkbox"/> MY CHECK OR MONEY ORDER IS ENCLOSED - CHECK / MONEY ORDER # _____		

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