



Membership Program

2017-2018 NEW MEMBER APPLICATION

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 _____
 () _____
 Contact phone (including area code) _____ Date of birth (mm/dd/yyyy) _____
 Social Security number _____
 Email address: _____

Spouse

Last name _____
 First name _____ Middle initial _____
 Date of birth (mm/dd/yyyy) _____
 Social Security number _____
 () _____
 Contact phone (including area code) _____
 Email address: _____

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

Medicaid number _____
 Medicare number _____
 Private insurance name _____
 Address _____
 City, State, Zip _____
 (Include retired information)
 Name of policy holder _____
 Insured's employer & phone _____
 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, or by calling **1.800.256.JOIN** (1.800.256.5646).
 (\$2.00 Charge card handling fee by phone)

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:

\$79 one-year standard membership

\$158 two-year standard membership

Discounted membership (only for applicants having traditional medicare & supplemental insurance):

\$64 one-year discounted membership

\$128 two-year 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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