

***This membership includes:**

 MEMBER NAME
 DOB 00/00/0000
 MEMBER # 0000000000000000
 HOME PHONE 000-000-0000
 EMAIL ADDRESS JOHNSMITH@ANYWHERE.COM

 JOHN SMITH
 0000 ANYSTREET
 ANYWHERE, USA 00000-0000

 Spouse:
 Date of birth:

 Dependent 1:
 Date of birth:

 Dependent 2:
 Date of birth:

 Dependent 3:
 Date of birth:

 Dependent 4:
 Date of birth:

**Membership includes the applicant and spouse, and resident children up to 21 years of age (through age 23 if attending school) who have never been married. Mississippi and Texas residents with Medicaid coverage, by law, are not eligible to purchase a membership. Louisiana Medicaid recipients can make a voluntary contribution.*

For your convenience we offer several options to renew your Acadian Ambulance Membership:

- Visit www.MyAcadian.com to renew and pay online.
- Complete the payment information at the bottom of this form and mail it back in the enclosed envelope.
- To pay via credit card, please call 1.800.256.JOIN (5646.) Note: A \$2.00 handling fee will be added.

Primary Member Medicare, Medicaid, and private insurance information:

Medicare #:

Medicaid #:

Private insurance name:

Address:

City, State, Zip:

Name of policy holder:

Insured's employer & phone:

Policy number:

Group number:

Insurance phone:

Spouse's Medicare, Medicaid, and private insurance information:

Medicare #:

Medicaid #:

Private insurance name:

Address:

City, State, Zip:

Name of policy holder:

Insured's employer & phone:

Policy number:

Group number:

Insurance phone:

CUT OUT AND KEEP YOUR MEMBERSHIP CARDS


JOHN SMITH

MEMBER # 0000000000000000

Emergency Dial 911

V.I.P. Customer service: 1-855-856-5400

Online member access: MyAcadian.com

Acadian Discount Program: AcadianDiscounts.com



JOHN SMITH

MEMBER # 0000000000000000

Emergency Dial 911

V.I.P. Customer service: 1-855-856-5400

Online member access: MyAcadian.com

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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)

 MEMBER #
 MEMBER NAME
 MEMBER ADDRESS
 MEMBER CITY, STATE ZIP

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 # _____			

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.

PLEASE REMIT PAYMENT TO:

 MEMBERSHIP DEPARTMENT
 P.O. BOX 91816
 LAFAYETTE, LA 70509