



2019-2020 New Member Application

Membership covers applicant, spouse and children up to 26 years of age.

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 the back of this form.)

Dependent name	Date of birth (mm/dd/yyyy)	
1. _____	_____	<input type="checkbox"/> Handicapped
2. _____	_____	<input type="checkbox"/> Handicapped
3. _____	_____	<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

Mail this completed membership application in the enclosed envelope to:
Acadian Ambulance Membership Dept., PO Box 91431, Lafayette, LA 70509-1431

Enroll and pay online at www.MyAcadian.com, or call **1.800.256.JOIN (5646)**. (A \$2.00 handling fee will be added to pay 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	BILLING ZIP CODE
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

Additional Dependent Information *Membership covers applicant, spouse and children up to 26 years of age.*

Dependent name	Date of birth (mm/dd/yyyy)	
4. _____	_____	<input type="checkbox"/> Handicapped
5. _____	_____	<input type="checkbox"/> Handicapped
6. _____	_____	<input type="checkbox"/> Handicapped
7. _____	_____	<input type="checkbox"/> Handicapped
8. _____	_____	<input type="checkbox"/> Handicapped
9. _____	_____	<input type="checkbox"/> Handicapped
10. _____	_____	<input type="checkbox"/> Handicapped

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Thank you for choosing to be an Acadian member!

MEMBERS ENJOY GREAT BENEFITS AND SAVINGS

Ambulance Services Discount

Receive a 30% discount on billed ambulance charges.



VIP Phone Line

Enjoy exclusive access to specialized customer service and billing assistance.

Savings Network

Access thousands of discounted products and services from local and national businesses.¹

- Movies and concert tickets
- Groceries and dining
- Retail and shopping
- Home services
- Travel and rental cars
- Auto repair
- Health and wellness
- Phones and electronics



On Call Medical Alert Systems

Save 10% on monthly monitoring rates.



Acadian Total Security

Security system startup fee waived (a \$99 value).²



¹This service is provided by a third-party vendor. Offers and services are subject to change without notice. Acadian Ambulance Service is not an agent of Abenity, provides no warranties related to the services provided by Abenity and hereby disclaims any liability with regard thereto.
²With new alarm account activation.