

It's easy to enroll: GO ONLINE to www.REACHair.com/membership. MAIL completed application with enrollment fee to address above.
FAX application with credit card information to 707 324-2478.

Application Type (select one): New Membership Renewal
Membership Type (select one): Group Individual - \$25 Group Family - \$40

Group Membership: Brooktrails Property Owners Association (BPOA)

Primary Member

First Name _____ M.I. _____ Last Name _____

Address _____

City _____ State _____ ZIP _____ County _____

Home Phone _____ Cell Phone _____ Email _____

Date of Birth _____ Social Security # (last 4 digits only) _____ Gender M F

Family Information	Name	Relationship to Primary Member	Date of Birth	Gender
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Family Member 1	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
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Family Member 2	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
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Family Member 3	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
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Family Member 4	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
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Health Insurance Co. _____ Group # _____ Member ID # _____

Best way to contact member? Email Mail Phone Would you like to receive our health-related newsletter? Yes NoGroup Name/Affiliation: Brooktrails Property Owners Association (BPOA) Email: rwterry@saber.net

Group Coordinator Name: Robert Terry, 2111 Poppy Lane, Willits CA 95490 Group Coordinator Number: (707) 459-6760

Billing Name and Address (if different than Primary Member Information above)

First Name _____ M.I. _____ Last Name _____

Address _____ City _____ State _____ ZIP _____ County _____

Phone _____ Email _____

Payment Information (Please check preferred method of payment) Check or Money Order (payable to REACH for Life)Please charge my credit card: VISA MasterCard American Express Discover Card

Credit Card # _____ Exp. Date _____ Security Code # (on back of card) _____

Name (as it appears on credit card) _____

Membership cards will be mailed approximately 14 days after we receive your application and payment. Membership cards are not required to receive service. Your canceled check, credit card statement or money order receipt is your proof of payment.

BEFORE YOU PURCHASE: If you are enrolled in a health maintenance organization (HMO) or other health insurance program, benefits provided by REACH for Life may duplicate benefits provided by your plan. Before purchasing REACH for Life membership, it is recommended you call your health plan provider to determine if you are covered for this service. • **WARNING:** REACH for Life is not an insurance program. It will not compensate or reimburse another ambulance company that provides emergency transportation to you or your family. This may occur when the 911 Emergency System has independently determined that another company could provide more expeditious service or is next in rotation to receive a call. This might also occur if REACH is unable to perform within a medically appropriate timeframe due to certain weather conditions, mechanical/out-of-service issues, or when committed to another call. REACH for Life membership only applies to emergency air medical transport by REACH or a REACH service partner. REACH reserves the right to cancel an individual membership or REACH for Life membership program at any time. • **COMPLAINTS:** For complaints regarding REACH Air Medical Services, first attempt to call us at 866 767-3224. If your complaint is still unresolved, in California you may contact the Department of Managed Health Care at 800 400-0815 or visit <http://www.dmhc.ca.gov>.

To confirm agreement to conditions of membership in the REACH for Life program, please check the "I agree" box below, sign, date and return this application with your payment. REACH for Life membership will only be valid with your signature below.

 I agree I do not agree Signature _____ Date _____For more information, call REACH for Life weekdays from 8 a.m. to 5 p.m. PST at 866 767-3224 or visit our website at www.REACHair.com.