



YORK REGIONAL EMERGENCY MEDICAL SERVICES

Annual Membership Request

Return this form with your payment or subscribe online at yorkregionalems.org

Check the amount of your subscription & return this portion

\$35 Individual

\$50 Household
(2 or more)

Additional Donation
\$ _____

Existing Member New Member

If incorrect, please correct name and/or address shown below.

Household Members

Name

Date of Birth

Please list additional household members on reverse.

E-mail _____

Phone _____

Make checks payable to York Regional Emergency Medical Services

Detach Here

Save this portion for your records.

Date sent _____ Check # _____ Amount \$ _____

Memberships are valid for 12 months

Why Be A Member of YREMS?

15 other area ambulance companies honor our memberships.

Typical Ambulance Cost*	\$900.00
Typical Insurance Reimbursement*	- \$700.00
Non-Member Out-of-Pocket Expense*	\$200.00
Member Out-of-Pocket Expense*	\$0.00

**These are example expenses and reimbursements. Your insurance coverage may vary.*

Sorry, no refunds or membership transfers.

**We are solely a 24-hour 911 service.*

**We transport to the nearest, most appropriate hospital.*

**All patients will be responsible for a minimum charge of \$95.00 for refusal of transport.*

If you have already paid for this year's membership, please disregard this notice.

Thank you for your support!



YORK REGIONAL EMERGENCY MEDICAL SERVICES

IN CASE OF EMERGENCY, DIAL 911

Informational calls only: 717-246-3679

36 E. George Street, P.O. Box 485, Dallastown, PA 17313 • www.yorkregionalems.org

York Regional Emergency Medical Services is a 501(c)3 non-profit charitable organization.