AirMedCare NETWORK® — A Global Medical Response Solution

MEMBERSHIP APPLICATION - Tri-County Electric Cooperative, Inc

I AGREE TO THE TERMS AND CONDITIONS V.01.2021 *(shown within this document)* **FOR ALL MEMBERSHIP PRODUCTS I AM PURCHASING.**

Initials	Date

1. MEMBER INFORMATION (please print)

Primary Member First Name		Primary Member Last Name		
Home Phone Number ( )	Cell Phone Number ( )		Date of Birth / /	
E-mail Address		Current Member Household ID#		
Mailing Address	City	State	Zip	County
Home Address (if different than above)	City	State	Zip	County

FOR QUESTIONS OR TO ENROLL BY PHONE:

Samuel Wilson
Membership Sales Manager
618-314-6294
Samuel.Wilson2@gmr.net
AMCNRep.com/Samuel-Wilson

2. ADDITIONAL HOUSEHOLD MEMBERS (for additional members, write in empty space on this application)

Secondary Member First Name	Secondary Member Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /

3. MEMBERSHIP AND BILLING OPTIONS (select one)

☐ **Monthly Membership Payment Option**

I Authorize Tri-County Electric Cooperative, Inc to add $5.00 per month to my bill and to disperse the money as payment for my AirMedCare Network Membership. I understand that this authorization will stay in effect as long as I am a member of AirMedCare Network, or until I submit a cancelation in writing.

Signature as it appears on bill ____________ Account number (if known) ____________

A member's membership will be effective 15 calendar days after receipt byAirMedCare Network of the member's first monthly Membership fee and will continue thereafter as long as monthly Membership fees are paid, but will terminate automatically without notice if no monthly Membership fee is received by AMCN from member for a 60 calendar day period

A member may discontinue their AMCN membership at any time by signing a discontinuation notice (as provided by AMCN).

Tri-County Electric Cooperative, Inc and AirMedCare Network are not affiliated. Tri-County Electric Cooperative, Inc is not responsible for any of AMCN's acts or omissions, and AMCN is not responsible for any of Tri-County Electric Cooperative, Inc acts of omissions. All AMCN membership relations are directly between AMCN and it's members.

By signing this authorization I agree to the terms stated above and acknowledge that I authorized to have the additional $5.00 AMCN fees added to my Tri-County Electric Cooperative, Inc bill. I also understand that I will communicate directly with AirMedCare Network for Membership Member Service

X ____________________
Signature required

/ / Date

FOR OFFICE USE ONLY — PLAN CODE: 2709

AMCN EMERGENT COVERAGE	10 YEAR*	5 YEAR*	3 YEAR*	1 YEAR
Discounted Rate	☐ $589	☐ $299	☐ $199	☐ $79

*Multi-year memberships not available in AK & CA. 10-year membership not available in IN. Terms & conditions apply.

☐ **Check or Money Order** — *Payable to:* AirMedCare Network, P.O. Box 948, West Plains, MO 65775

☐ **Automatic checking account transfer** (attach a voided check)

Name on Bank Account ____________ Routing Number ____________ Account Number ____________

☐ **Credit Card** ○ mastercard ○ VISA ○ DISCOVER ○ AMERICAN EXPRESS

Credit Card Number ____________ Expires ____________ 3 digit CVV# ____________

STATEMENT OF AUTHORIZATION I authorize AirMedCare Network to initiate the EFT withdrawal as indicated on this form. If I have elected to pay via credit card, I agree to abide by all terms and conditions of my credit card agreement. If I have elected to pay via EFT, I authorize my financial institution to transfer the amount indicated on the attached voided check to AirMedCare Network. Adjusting entries to correct errors are also authorized. It is agreed that these debits and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA).

X ____________________
Signature required for automatic withdrawal

/ / Date

FOR OFFICE USE ONLY — PLAN CODE: 2710

FOR OFFICE USE ONLY

GEI CODE	TRACK CODE	PLAN CODE
	15071	2710
COUPON CODE: 2710-IL-BUS		