



ENROLL ONLINE at www.REACHair.com. MAIL completed application with payment to address above. FAX completed application with credit card information to 707-324-2478.

EXCLUSIONS: For REACH for Life members who do not have current health insurance, membership covers fifty percent of the billed charges for an emergency air transport by REACH; you are liable for the remainder of the bill. We do not offer REACH for Life membership to Medicaid recipients as it will provide no benefit to you.

Membership Fee: \$ 10 Application Type (select one): New Membership Renewal Group:
 Membership Type (select one): Individual Family* Hill Country Home Builders

*Family memberships are defined as the primary member, spouse or partner, and other dependent family members living in the same house.

GO GREEN. Send my renewal by email.

Primary Member Information

First Name M.I. Last
 Mailing Address
 City State ZIP County
 Home Phone Cell Phone
 Email
 Date of Birth (example: 01 01 1960) Social Security Number (last 4 digits only) Gender M F

Best way to contact member? Email Mail Phone Would you like to receive our health-related newsletter? Y N

Billing Name and Address (if different than above)

First Name M.I. Last
 Billing Address
 City State ZIP County
 Home Phone Email

| Family Information | Name | Relationship to Primary Member | Date of Birth (ex: 01 01 1960) | Gender |
|--------------------|----------------------|--------------------------------|--------------------------------|---|
| Family Member 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> M <input type="checkbox"/> F |
| Family Member 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> M <input type="checkbox"/> F |
| Family Member 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> M <input type="checkbox"/> F |
| Family Member 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> M <input type="checkbox"/> F |

*For additional family members, please provide name, relationship, date of birth and gender on a separate sheet of paper.

Health Insurance Co. (If you have no health insurance at time of transport, you will be liable for 50% of the transport cost.)

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 (3 or 4 digit no. on back of card)

Name (as it appears on credit card)

Membership will be active seven days after receipt of your signed and completed application and payment. **Your canceled check, credit card statement or money order receipt is your proof of payment.**

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

I 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