



27 Years of Gold Standard Care

- FAMILY MEMBERSHIP \$85.00
- SINGLE MEMBERSHIP \$65.00

PHONE NUMBER() _____ - _____

EMAIL: _____

MUNICIPALITY: _____

2024 MEMBERSHIP

- SINGLE SENIOR (60 & OVER) \$45.00
- SENIOR COUPLE \$65.00

DONATION \$ _____

TOTAL ENCLOSED \$ _____

Check #: _____

Please make necessary corrections to name and address below.

YOUR SUPPORT HELPS US PROVIDE LIFE SAVING COMMUNITY CARE

Please make checks payable to:

LANCASTER EMS



27 Years of Gold Standard Care

100 East Charlotte Street • Millersville, PA 17551

Emergencies Dial 9-1-1

For membership questions call 717-872-4688 ext. 231

2024 Membership

Amount: _____ Check No.: _____

KEEP THIS PORTION FOR YOUR RECORDS



27 Years of Gold Standard Care

**Thank you
for your
continued
support!**

List residents at this address you wish to cover for membership.

First Name	Last Name	MI	Jr./Sr./III	D.O.B.

If paying by credit card also complete the section below.

Charge my membership of \$ _____ with a donation of \$ _____ to my:

- VISA
- MASTERCARD
- DISCOVER

Card Number _____

Security Code _____ Exp. Date _____

Signature _____

Billing Address _____

City _____ State _____ Zip _____