St. Marys Area Ambulance Service, Inc. Subscription Application  PLEASE PRINT LAST NAME:	PLEASE PRINT FIRST NAME:
DOB (MM/DD/YYYY) Phone Number Addre	ss City State Zip Co
	Subscriber Signature Date
2 <sup>nd</sup> Individual's Name O Spouse O Child (Age:)	3 <sup>rd</sup> Individual's Name DOB  O Spouse O Child (Age:)
4 <sup>th</sup> Individual's Name O Spouse O Child (Age:)	5 <sup>th</sup> Individual's Name  O Spouse O Child (Age:)
6 <sup>th</sup> Individual's Name O Spouse O Child (Age:)	7 <sup>th</sup> Individual's Name O Spouse O Child (Age:)
<ul> <li>Please Check the subscription for which you are applying:</li> <li>Individual Subscription: \$50.00</li> <li>Family Subscription: \$60.00</li> <li>MAKE CHECKS PAYABLE TO: St. Marys Area Ambulance Service</li> <li>Johnsonburg Rd. Saint Marys, PA 15857</li> </ul>	OFFICE USE ONLY  O Cash O Credit O Money Order O Check #

By signing above, I acknowledge that I have read and agree to the terms and conditions set forth in this subscription program.

Fax: (814) 781-1570 or (814) 781-8330

Ph: (814) 781-1571

Visit our website: www.stmarysambulance.com or



The official registration and financial information of St. Marys Area Ambulance Service, Inc. may be obtained from the Pennsylvania Department of State by calling toll-free 1-800-732-0999. Registration does not imply endorsement