St. Marys Area Ambulance Service, Inc.
Subscription Application

PLEASE PRINT
LAST NAME: _____

PLEASE PRINT
FIRST NAME: _____

DOB (MM/DD/YYYY) _____ **Phone Number** _____ **Address** _____ **City** **State** **Zip Code**

Subscriber Signature _____ **Date**

2nd Individual's Name _____ **DOB** _____ ○ Spouse ○ Child (Age: _____)	**3rd Individual's Name** _____ **DOB** _____ ○ Spouse ○ Child (Age: _____)
4th Individual's Name _____ **DOB** _____ ○ Spouse ○ Child (Age: _____)	**5th Individual's Name** _____ **DOB** _____ ○ Spouse ○ Child (Age: _____)
6th Individual's Name _____ **DOB** _____ ○ Spouse ○ Child (Age: _____)	**7th Individual's Name** _____ **DOB** _____ ○ Spouse ○ Child (Age: _____)

Please Check the subscription for which you are applying:

○ Individual Subscription: $50.00

○ Family Subscription: $75.00

MAKE CHECKS PAYABLE TO:

St. Marys Area Ambulance Service
773 Johnsonburg Rd. Saint Marys, PA 15857
Ph: (814) 781-1571 Fax: (814) 781-1570 or (814) 781-8330

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

OFFICE USE ONLY

○ Cash _____ Date $_____ Amount Pd.

○ Credit

○ Money Order

○ Check #_____

Processed By:_____ Initials

Visit our website: www.stmarysambulance.com or Find us on Facebook

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