



# MEMBERSHIP APPLICATION COUGAR MOUNTAIN SNOWMOBILE CLUB

Visit our website today at [www.lifeflight.org](http://www.lifeflight.org)

### MEMBER ENROLLMENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse/Domestic Partner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Additional Household Members:

*Includes any dependents claimed on your tax return and elderly or disabled family members living in the same household*

	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### DISCOUNT MEMBERSHIP RATES

- \$50 – 1 Year                       \$100 – 2 Years                       \$250 – 5 Years  
 \$1,100 – Lifetime Membership       \$275 for 4 years – Lifetime Payment Plan

### PAYMENT INFORMATION

Check payable to Life Flight Network Foundation  
 Credit or Debit (Visa, M/Card, AmEx, Discover): Amount \$ \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 I hereby authorize Life Flight Network to charge the amount indicated above.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN APPLICATIONS TO THE LIFE FLIGHT MEMBERSHIP OFFICE:**

PO Box 3841 • Portland, OR 97208-3841 • Phone (800) 982-9299 • Fax (503) 678-4369

*This application is valid through 1/31/2019. Please contact the Membership Office for an updated application if this form is expired. New member benefits take effect 72 hours after receipt of completed application and payment. Life Flight Network transports patients based on medical need, not membership status. Medicaid beneficiaries should not apply for membership. Aviation services provided by Life Flight Network and Jackson Jet Center.*

Updated by : PBUZZINI