

SCAD MEMBERSHIP APPLICATION

PLEASE COMPLETE AND RETURN THIS APPLICATION WITH THE CHECK TODAY! (PLEASE PRINT OR TYPE)

INDIVIDUAL OR FAMILY
\$15.00 OR MORE
DONATION

NAME _____
(Head of Household) Last First Middle D.O.B.

MAILING ADDRESS _____ APT. # _____

CITY _____ STATE _____ ZIP _____ PHONE # _____

List full name & date of birth of spouse & each dependent in the family* to be included in your membership.

NAME _____	NAME _____
_____	_____
_____	_____
_____	_____

*Family members include immediate family members (head of household & dependents living at same address)

IMPORTANT: MUST BE SIGNED TO BE VALID!

X MEMBER'S SIGNATURE _____

**NOT VALID
UNTIL RECEIVED
BY SCAD**

For office use only
Check #
Amount of Donation
Receipt #

2024

— RETURN THIS SIDE —

SOUTH CENTRAL AMBULANCE DISTRICT

M E M B E R - 2 0 2 4

This membership entitles head of household and dependents (wife, his or her children you support) to use of the rescue squad with NO out-of-pocket expense.
MEMBERSHIP DOES NOT EXEMPT MEDICARE AND/OR OTHER INSURANCE CARRIERS FROM BEING BILLED.

OFFICE, BUSINESS AND NON-EMERGENCY

PHONE NUMBER: 563-5619

EMERGENCY CALL 9-1-1

3100 US HIGHWAY 6 • ROME, OHIO 44085

2024