

# MEMBERSHIP INFORMATION

Wagoner Emergency Medical Services



To apply for membership please complete all questions.

## NAMES OF EACH HOUSEHOLD MEMBER:


**Mailing Address:**

**Phone:**

**911 Address (Please give directions to residence):**

**Any special problems we should be aware of? Oxygen, Allergies, Special Meds, Special Needs, Implanted Medical Devices (pacemaker, defibrillator), Medical Conditions, Etc.**

## Insurance Information:

**Insurance Company Name :**

Medicare No.

Medicaid No.

Insurance Address:

Insurance City, State, Zip:

Group Number:  Policy Number:

Policy Holder Name:  Phone:

**Covered Household Members Names & SSN'S:**

RWD 9 customers, please fill out this form and return it to the RWD 9 office for the collection of the monthly fee of \$14.00.

RWD 9 Account No. \_\_\_\_\_.

All other customers in the EMS service area who wish to purchase a membership may submit this form to the WPWA Utility Office, located at 100 S Gertrude Wagoner, Oklahoma.

Payment Method: Check No.: \_\_\_\_\_ Cash: \_\_\_\_\_ Money Order: \_\_\_\_\_

***If you have any questions about the service you will receive, please call 918-485-4586. Thank you!***