



965 Fork Street, Muskegon, MI 49442
PH (231) 720-1804 FX (231) 720-1805

Pro-Med Plus Membership Application

To join, contact Pro-Med at 231-720-1804 for a Membership Brochure to be mailed to you or you can print off the following application and terms and conditions of the contract, complete the information, sign and mail along with your check or money order to: **Pro-Med Ambulance 965 Fork Street, Muskegon, MI 49442**

Primary Member Name _____ Birthdate _____
Social Sec. # _____ Sex: M ___ F ___ Phone: (____) _____
Address _____ Apt. # _____
City _____ State _____ Zip Code _____

Immediate family members included in membership: (must live in household)

Name _____ Relationship _____
Birthdate _____ Social Sec. # _____
Name _____ Relationship _____
Birthdate _____ Social Sec. # _____
Name _____ Relationship _____
Birthdate _____ Social Sec. # _____

Insurance Information

Employer _____ Retired: Yes _____ No _____

Insurance Information	YOU	SPOUSE
Medicare Number	_____	_____
Other Health Ins.	_____	_____
Health Ins. Address	_____	_____
Policy Number	_____	_____
Group Number	_____	_____
Family Members covered by this policy	_____	
Auto Insurance	_____	Agent _____
Policy Number	_____	

Payment:

_____ Pro-Med Plus regular membership - \$39.00 per family
_____ Check or money order Check # _____ Visa _____ Master Card _____
If credit card – Card # _____ Exp. Date _____

New Member _____ Renewal _____

MEMBER SIGNATURE: (Membership not valid without signature)

Member's Signature _____ Date _____