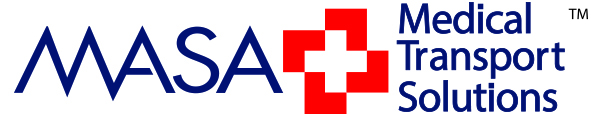
****

**Any Ground. Any Air. Anywhere.**

Business Name: Callaway County Effective Date: Date of Hire:

## MASA MEMBER INFORMATION

NAME (Last, First, Middle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

SPOUSE (Last, First, Middle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_ Alt. Phone: (\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dependent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

Dependent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

Dependent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

Dependent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

I authorize my employer to do a payroll deduction equivalent to the selected amount from my payroll check for my MASA MTS membership. I further understand that in the event that my employment with my employer is terminated, whether voluntarily or involuntarily, my employer has the right to deduct from my final paycheck any amounts paid upfront by my employer that has yet to be deducted from my paycheck(s).

**Platinum Membership**

**Emergent Plus Membership**

\_\_\_\_ $14 Monthly

($60 Initiation Fee Waived)

**EMPLOYEE PAYMENT OPTIONS FOR MASA MTS MEMBERSHIP**

\_\_\_\_ $39 Monthly

($60 Initiation Fee Waived)

►\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member’s** **Signature** **Name** (Printed) **Date**

I acknowledge that I have been offered the opportunity to enroll into the MASA MTS membership program via a payroll deduction and have decided to opt out. Additionally, I understand the potential out of pocket exposure resulting from an emergent air or ground ambulance transport and willingly assume the responsibility of such balance bill.

►\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee’s** **Signature** **Name** (Printed) **Date**