MEDICAL AIR SERVICES ASSOCIATION (MASA ASSIST)

The First, The Finest & The Foremost Provider of Emergency Assistance Services

Please Fax this form back to 866-259-1198

MASA PLATINUM MEMBERSHIP APPLICATION

NAME: (Last, First, Middle)

SPOUSE: (Last, First, Middle)

DATE OF BIRTH: Member: Spouse:

CURRENT AGE: Member: Spouse:

HOME BENEFITS ADDRESS:
(Used for the destination of MASA's service)

CITY: **STATE:** **ZIP:**

PHONE: **EMAIL:**

DEPENDENTS: *(List any of your dependents up to age 18 living at home or up to age 23 in college. List additional dependents on separate page if needed.)*

NAME: **DATE OF BIRTH:** / /

NAME: **DATE OF BIRTH:** / /

NAME: **DATE OF BIRTH:** / /

TYPE OF MEMBERSHIP *Preexisting Conditions Covered On All Platinum Memberships After 90 Days.

CHARTER LIFETIME MEMBER • MUST BE 50 YEARS OF AGE OR OLDER •	PLATINUM FIVE-YEAR MEMBERSHIP	PLATINUM ANNUAL MEMBERSHIP
☐ $3,900 Family Membership ☐ $2,900 Single Membership (PLUS ONETIME INITIATION FEE)	☐ $1,755 Family Membership ☐ $1,305 Single Membership (PLUS ONETIME INITIATION FEE)	☐ $390 Family ($32.50/Month) ☐ $290 Single ($24.17/Month) (PLUS ONETIME INITIATION FEE)

PAYMENT METHODS (Select One)

INITIAL PAYMENT CALCULATION:
(Total Payment if Charter Lifetime or Five-Year Membership)

Membership Fee: $_____
Onetime Initiation Fee: + $ ~~60.00~~ $30.00
Total Initial Payment Amount: $_____

1. MONTHLY BANK DRAFT OPTION: (Annual Membership Only) ☐ Checking or ☐ Savings

I hereby authorize MASA - Medical Air Services Association, herein after called the COMPANY, to initiate a debit to my account indicated below at the depository financial institution named below hereafter called DEPOSITORY, and to debit or credit the same to such account. If this item is returned unpaid, I authorize an additional returned check fee in the conformity with the policies of my Financial Institution. *If selecting this option, please include a voided check.*

Bank Name: _____ **Account #** _____ **Routing #** _____

City: _____ **State:** _____ **Zip:** _____

2. CREDIT CARD PAYMENT OPTION: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number: ____-____-____-____ **Exp. Date:** __/__

MONTHLY OR ANNUAL PAYMENT AMOUNT: $_____ **Deduct on the:** ☐ 1st ☐ 15th ☐ 25th of the month.

This authorization remains in full force and effect and this membership will renew automatically until the COMPANY has received written notice from me of its termination, in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

▶ _____
Member's Signature **Member Name (Printed)** **Date**

▶ Kelvin Brett 9110109
Agent's Signature **Agent Name (Printed)** **Agent Number**