

**Danville Rescue, Inc.**  
**Subscription Membership Application**  
**379 Brainerd Street**  
**Danville, Vermont 05828**  
**PERIOD COVERAGE – January 2010 – December 2010**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

911 Address (if different from Mailing Address): \_\_\_\_\_

MEMBERSHIP STATUS:     NEW         RENEWAL

Please list ALL members who PERMANENTLY RESIDE with you at this address:

1. \_\_\_\_\_ Relationship: \_\_\_\_\_
2. \_\_\_\_\_ Relationship: \_\_\_\_\_
3. \_\_\_\_\_ Relationship: \_\_\_\_\_
4. \_\_\_\_\_ Relationship: \_\_\_\_\_
5. \_\_\_\_\_ Relationship: \_\_\_\_\_
6. \_\_\_\_\_ Relationship: \_\_\_\_\_

Family	\$45.00
Individual	\$30.00
Individual Senior	\$25.00

TERMS AND CONDITIONS: Membership in the Danville Rescue, Inc.(DRS) Subscription Program provides the subscriber and any individual *permanently residing* in the same household to receive medically necessary emergency ambulance services to the closest appropriate medical facility. This agreement does not include interhospital transportation. DRS does reserve the right to bill and receive payment from your insurance carrier. Membership cannot be prorated and must be paid and active in order for these conditions to apply.

I have read and agree to the terms and conditions of membership as stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date