



There. When You Need Us.™

MEMBERSHIP ENROLLMENT

Sign-up online today at www.lifeflight.org

MEMBER ENROLLMENT INFORMATION

Name: _____ Date of Birth: _____

Spouse/Domestic Partner: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Additional Eligible Household Members:

Includes any dependents claimed on your tax return and elderly (65+) or disabled family members living in the same household

	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEMBERSHIP RATES

- \$69 – 1 Year \$130 – 2 Years \$300 – 5 Years
 \$1,200 – Lifetime Membership \$300 each year for 4 consecutive years – Lifetime Payment Plan
 _____ Tax Deductible Donation

PAYMENT INFORMATION

- Check payable to Life Flight Network Foundation
 Credit or Debit (Visa, M/Card, AmEx, Discover): Amount \$ _____
 Card Number: _____ Exp. Date: ____ / ____ Security Code: _____
 Billing Address: _____ Zip: _____
 I hereby authorize Life Flight Network to charge the amount indicated above.
 Signature: _____ Date: _____

GIFT GIVER INFORMATION (IF APPLICABLE)

- Name(s): _____ Phone: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Send membership cards to me Send renewal form to me when due

PLEASE RETURN TO LIFE FLIGHT NETWORK MEMBERSHIP OFFICE:

PO Box 3841 • Portland, OR 97208-3841 • Phone (800) 982-9299 • Fax (503) 678-4369

This application is valid through 12/31/20 Please contact the Membership Office for an updated application if this form is expired. New member benefits take effect 72 hours after receipt of completed application and payment. Life Flight Network transports patients based on medical need, not membership status. Medicaid beneficiaries should not apply for membership. Life Flight Network operates under its own FAA Part 135 Air Carrier Certificate.