

MASA Medical Transport Solutions

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



COMPLETE AND MAIL, FAX OR EMAIL FORM TO: MASA MTS, 1250 W Southlake Blvd, Southlake, TX
76092 1-800-643-9023 Fax: 1-855-382-7709 enrollments@masamts.com

MASA MTS PLATINUM MEMBERSHIP APPLICATION

MEMBER (Last, First, Middle):	DOB: ___/___/___	Age: ___
SPOUSE (Last, First, Middle):	DOB: ___/___/___	Age: ___
DEPENDENT (Last, First, Middle):	DOB: ___/___/___	Age: ___
Mailing Address:		
City:	State:	Zip:
Phone:	Email:	

***Pre-existing conditions are covered after 90 days**

TYPE OF MEMBERSHIP (check one)

CHARTER LIFETIME <small>(Must be 50 Yrs of Age or Older)</small>	5-YEAR ELITE	PLATINUM PLAN						
___ \$2,990 Single Membership; or ___ \$1,000 Initial Pay* / \$209.16 Mo.	___ \$1,566 Single Membership; or ___ \$500 Initial Pay* / \$103.80 Mo.	___ \$348 Single Membership; or ___ \$89 Initial Pay* / \$29 Mo. - Single						
___ \$3,900 Family Membership; or ___ \$1,010 Initial Pay* / \$300 Mo.	___ \$2,106 Family Membership; or ___ \$750 Initial Pay* / \$128 Mo.	___ \$468 Family Membership; or ___ \$99 Initial Pay* / \$39 Mo. - Family						
<p>*One-time Initiation Fee included</p> <table style="width:100%;"> <tr> <td>Membership Fee:</td> <td style="text-align:right;">\$ _____</td> </tr> <tr> <td>One-time Initiation Fee (\$60):</td> <td style="text-align:right;">\$ _____</td> </tr> <tr> <td>Total Initial Payment:</td> <td style="text-align:right;">\$ _____</td> </tr> </table>			Membership Fee:	\$ _____	One-time Initiation Fee (\$60):	\$ _____	Total Initial Payment:	\$ _____
Membership Fee:	\$ _____							
One-time Initiation Fee (\$60):	\$ _____							
Total Initial Payment:	\$ _____							

PAYMENT METHODS (select one)

1. MONTHLY BANK DRAFT OPTION: I hereby authorize MASA MTS, hereinafter called the COMPANY, to initiate a debit to my (select one) ___CHECKING or ___SAVINGS account indicated below at the depository Financial Institution named below, hereinafter 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 conformity with the policies of my Financial Institution. *If selecting this option, please include a voided check.*

Bank Name: _____ Routing # _____ Acct # _____
 City: _____ State: _____ Zip: _____

2. CREDIT CARD: ___VISA/MasterCard ___American Express ___Discover

Card Number: _____ Exp Date: ___/___ CVV: _____

Amount to be debited: \$ _____ 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 Signature	Name (Printed)	Date
-------------------------	-----------------------	-------------

→ **Location of Sale** South Carolina **City** Columbia **State** South Carolina _____
 → **Agent Name:** Margo Peyton **Agent ID#** 8090232
 → **Agent Signature** (Type named acts as signature) **Date** _____