

PLATINUM PLUS MEMBERSHIP

Any Ground. Any Air. Anywhere.™



MASA MTS | 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324 | 1.800.643.9023 | Fax 855.382.7709 | enrollment@masamts.com

MASA MTS PLATINUM PLUS MEMBERSHIP APPLICATION

Primary Applicant (First, Middle Initial, Last)

Secondary Applicant (First, Middle Initial, Last)

Dependent 1 Name (First, Middle Initial, Last)

Dependent 2 Name (First, Middle Initial, Last)

Birth Date ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____
Primary Applicant Secondary Applicant Dependent 1 Dependent 2

Benefit Address

City State Zip

Phone Cell Other

Mailing Address

City State Zip

E-Mail

TYPE OF MEMBERSHIP - SELECT ONE

Charter Lifetime Membership
Must be 50 Years of Age or Older

Platinum Plus
Five-Year Membership

Platinum Plus
Annual Membership

Platinum Plus
Monthly Membership

☐ \$5,500 Family Membership
☐ \$4,500 Single Membership

☐ \$2,700 Family Membership
☐ \$2,160 Single Membership

☐ \$588 Family Membership
☐ \$468 Single Membership

☐ \$49 Family Membership
☐ \$39 Single Membership

Membership Fee: \$ _____
One-time Initiation fee: \$ 60
Total Initial Payment: \$ _____

PAYMENT METHODS - SELECT ONE

Initial Payment \$ If Reoccurring (Monthly) Pay \$ on the of the month

☐ Bank Draft Option

Bank Name Acct # Routing #

☐ Credit Card: Visa/MasterCard American Express Discover

Card Number Exp Date / CVV

By signing below, I hereby authorize Medical Air Services Association, Inc., ("COMPANY") and/or its Agents to initiate debits or to charge my account at the financial institution named above (the "BANK") in the amounts and with the frequency as indicated above, on the selected day of the month, and every month thereafter. If any item is returned unpaid, I acknowledge that my BANK may debit or charge a returned check fee and/or overdraft fee, for which I shall bear sole responsibility. Additionally, by signing below, I authorize the COMPANY and/or its Agents to contact me via email, telephone or regular mail in order to receive promotional materials, newsletters and other marketing materials from the COMPANY.

*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.

Applicant Signature

Name (Printed)

Date

Agent Name

Agent ID

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