

Emergency Shield Plus

MASA MTS | 1301 International Parkway, Suite 300. Sunrise, FL 33323 | 1.800.643.9023 | Fax 855.382.7709 | newbiz@getamba.com

MASA MTS EMERGENCY SHIELD MEMBERSHIP APPLICATION

Association

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

E-Mail

Mailing Address

City

State

Zip

Emergency Contact (First and Last)

Relationship

Phone

TYPE OF MEMBERSHIP - SELECT ONE

Lifetime ES PLUS

Must be 50 Years of Age or Older

\$5,800 Family Membership

\$4,600 Single Membership

Emergency Shield PLUS

Five-Year Membership

\$3,300 Family Membership

\$2,600 Single Membership

Emergency Shield PLUS

Monthly Membership

\$67 Family Membership

\$50 Single Membership

Existing Policy Upgrade?

Yes

Policy Number _____

Premium Difference _____

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 subsidiaries, affiliates, or 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/year, and every month/year 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.
- I provide my signature expressly consenting to contact from COMPANY and/or its subsidiaries, affiliates, or agents to contact me regarding products or services via live, automated or prerecorded call, text, or email, or regular mail. I understand that I am not required to enter into this consent as a condition of purchase. I can revoke this consent by contacting MASA at info@masaglobal.com or 1-800-643-9023.
- I consent to receiving certain electronic communications from MASA and/or its subsidiaries, affiliates, or agents and agree that any notices, agreements, disclosures, or other communications that MASA MTS sends to me electronically will satisfy any legal communication requirements, including that those communications be in writing.

*This authorization remains in full force and effect and this membership will renew automatically upon expiration of the Member's initial membership term for a term equal to the initial membership term unless canceled in accordance with the terms and conditions of this membership.

If you do not wish for your membership to be automatically renewed, you may cancel this membership prior to the automatic renewal effective date by contacting MASA at info@masaglobal.com or 1-800-643-9023.

Applicant Signature _____

Name (Printed) _____

Date _____

Agent Name _____

Agent Signature _____

Agent ID _____

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