

MASA MTS PLATINUM 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 PLATINUM <i>Must be 50 Years of Age or Older</i>	PLATINUM <i>Five-Year Membership</i>	PLATINUM <i>Monthly Membership</i>	Existing Policy Upgrade?
<input type="radio"/> \$4,100 Family Membership	<input type="radio"/> \$1,950 Family Membership	<input type="radio"/> \$39 Family Membership	<input type="radio"/> Yes
<input type="radio"/> \$3,100 Single Membership	<input type="radio"/> \$1,400 Single Membership	<input type="radio"/> \$29 Single Membership	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 _____