

# LIFE FLIGHT MEMBERSHIP APPLICATION

St. Vincent & University of Toledo Medical Center Critical Care Transport Network has the right to require proof of conditions for membership at any time and may withhold membership benefits for any person for whom proof is given.

**THIS IS NOT AN APPLICATION FOR AN INSURANCE POLICY.**

Your check or money order should be made payable to Life Flight Mobile Life Critical Care Transport Network, and mailed to the following address:

Life Flight Mobile Life  
 Critical Care Transport Network  
 2213 Cherry Street  
 Toledo, OH 43608

**P L E A S E   P R I N T**

New Membership       Renewal

Name

Date of Birth                      SS#

Address

City

State                                      Zip

Phone

List spouse and unmarried dependents (as defined by the IRS).

Name/Relation

Date of Birth                      SS#

Name/Relation

Date of Birth                      SS#

Name/Relation

Date of Birth                      SS#

Name/Relation

Date of Birth                      SS#

**INSURANCE INFORMATION**  
 Submit copies of all insurance cards with this application

Primary Insurance                      ID#

Insurance Company City

State                                      Zip

Spouse/family covered?    Yes    No

Primary Policy Holder

Secondary Insurance                      ID#

Insurance Company City

State                                      Zip

Spouse/family covered?    Yes    No

Primary Policy Holder

Signature                                      Date

**SEND COMPLETED APPLICATION WITH MEMBERSHIP FEE PAYMENT TO:**



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 Critical Care Transport Network  
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 Toledo, OH 43608