

**2023 -2024
ADAMS REGIONAL EMS, INC.**



Subscription Rates
Family \$75 Family Extended \$125
Single \$50 Donation _____

Subscription Rate: _____
Donation (Optional): _____
Total Enclosed: _____



_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

EXP. DATE ____/____/____

CWV CODE ____

Credit Card Receipt Upon Request

Please make necessary corrections to name and address below

Date: _____ Check#: _____ Amount Paid: _____

IMPORTANT MESSAGE

**Please complete front and back of
this membership form, making
any necessary corrections to name
and address.**

Subscription Card

Retain This Card

Adams Regional EMS, INC.

13 North Bolton Street
New Oxford, PA 17350

Valid July 1, 2023 - June 30, 2024



**Emergency Number 9-1-1
Business Office: (717) 624-7456**

Keep for your records

Date: _____ Check#: _____ Amount Paid: _____