

# MEDICAL AIR SERVICES ASSOCIATION MEMBERSHIP APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last      First      Middle

Dependents\* \_\_\_\_\_ Birth date \_\_\_\_\_

Spouse \_\_\_\_\_  
Last      First      Middle

Birth date: Member \_\_\_-\_\_\_-\_\_\_ Spouse \_\_\_-\_\_\_-\_\_\_

Age of primary member \_\_\_\_\_ Spouse's Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_

\*PRE-EXISTING CONDITIONS ARE COVERED AFTER 90 DAYS

MEMBER SIGNATURE \_\_\_\_\_

Social Security Number 

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### TYPE OF MEMBERSHIP

	Single	Family	
U.S. residence on application 1 year	\$140.00	\$280.00	\$
U.S. residence on application 5 year	\$560.00	\$1120.00	\$
Mexico residence on application 1 year	\$240.00	\$360.00	\$
Mexico residence on application 5 years	\$960.00	\$1440.00	\$
Charter Lifetime Membership	\$2510.00	\$3510.00	\$
Initiation Fee			\$60.00
<b>Total</b>			<b>\$</b>

Please check payment method

1. Charge to:     Visa or Mastercard     American Express     Discover

Card Number 

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      Expiration Date 

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Group – [MASA] Rep.# 0002051      Initial [ ] I want automatic renewal on my charge card

2. Payment enclosed     Check     Money Order      **Total** \$ \_\_\_\_\_

Make all checks payable to Medical Air Services Association [MASA]  
 Mail application to:      **Executive Office Address:**      **For Information in the U.S.:**      **For membership information**  
 Medical Air Services Association      Medical Air Services Association      Call: 1-800-423-3226      in Mexico call:  
 P.O. Box 610544      1250 W. Southlake BLVD.      Fax: 1-817-491-1368      Doris Winetsky  
 Dallas/Fort Worth Airport      Southlake, Texas 76092           415-152-4444 or email at  
 Texas, 75261-0544      1-800-423-3226 817-430-4655      [info@masamexico.com](mailto:info@masamexico.com)