

Annual Membership Card

PLEASE READ FRONT & BACK

Membership Plans

Single	\$40.00
Couple	\$50.00
Family	\$60.00

SENIORS AGE 65+
PLEASE FILL
OUT & RETURN
NO CHECK
NEEDED
MEMBERSHIP
FEE IS PAID BY
KENNEDY TWP

Name: _____

Address: _____ Apt.#: _____

City & Zip Code: _____

Household Members: _____

PAYMENT METHODS

- Check made payable to NorthWest EMS
(Your cancelled check is your receipt)
- Debit or Credit Card / Checking or Savings Accts.

Online Payments @ www.northwestems.net

*** NO PHONE PAYMENTS ***

*Detach and keep this portion
for your records*

NorthWest EMS

Annual Membership

Payment

Method: _____

Amount: _____

Date Paid: _____

Questions:

(412) 331-3197

ALWAYS DIAL 9-1-1
IN AN EMERGENCY

Your membership with
NORTHWEST EMS
will also be honored by our
MUTUAL AID Services:

Ross/West View EMS
Valley Ambulance Authority
Robinson EMS

NorthWest EMS
366 Helen Street
McKees Rocks, PA 15136

Non-Emergency: (412) 331-2600
Billing: (412) 331-3197

www.northwestems.net

NORTHWEST EMS ANNUAL MEMBERSHIP

Dear Kennedy Township Resident,

To our renewing members, we thank you for your continued participation.

To those who have not participated in the past, we ask you to consider the following:

Your ambulance membership permits us to write-off 50% of your out-of-pocket expenses including *deductibles and co-payments* that you would be responsible for in the event you need our service. Most insurance companies, including Medicare, require their members to pay a portion of their ambulance bills. That amount could range from \$300.00 to \$1,200.00. By participating in the membership program, it will greatly reduce your out-of-pocket expenses.