2010 Medical Rescue Team South Authority Membership

✓ Please Check

- ❍ Renewal – Begins 1/1/10; ends **12/31/10**
- ❍ New Member Service – Begins with receipt of your check and ends **12/31/10**
- ❍ Personal Check # ☐☐☐☐☐☐☐☐ Make Check Payable To: **MRTSA**

- ❍ Household Membership Rate **$50.00**
- ❍ Individual Membership Rate **$30.00**
- ❍ Business Membership Rate **$50.00**

Additional Employee's _____ x $5.00 each = _____

If paying by credit card, pleases complete the following:

CREDIT CARD NUMBER

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

❍ **Mastercard** ❍ **VISA** **Exp. Date** ☐☐/☐☐

TAX DEDUCTIBLE CONTRIBUTION:

❍ If you care to make a **DONATION** to help offset expenses, please indicate amount: **$** ☐☐☐**.00**

TOTAL AMOUNT: **$** ☐☐☐**.00**

Name _____

Address _____

City _____ State _____ Zip Code _____ Date _____

Please print any corrections to name and address at left ←

INVALID IF NOT SIGNED

(Signature) _____ Phone # _____

E-Mail Address _____