



WESTERN LANE AMBULANCE DISTRICT LIFEMED MEMBERSHIP PROGRAM

2625 Highway 101 ♦ Florence, OR 97439 ♦ 541-997-9614

New Enrollment Special: \$75.00 (extension to 6/2026)

We are now accepting online registration at: www.wlfea.org

Membership includes all persons who are **permanent** residents of the same family home, non-commercial residence, and living together as part of a family unit, living within LifeMed’s ambulance service areas. Roomers or boarders are excluded and required to obtain their own separate memberships. Membership benefits also include household members living in substitute care (ex: nursing homes or care facility). Anyone who joins a home after the membership goes into effect can be included under the membership two (2) business days after notification to us. Those persons who meet the membership definition and are listed on the membership record at the time services are rendered are eligible for membership benefits. Please see the LifeMed agreement for detailed membership rules.

Last Name _____ First Name _____ Middle Initial _____

Suffix (Jr/Sr/III) _____ Date of Birth _____

Mailing Address _____ City _____ State ____ Zip _____

Phone _____ Cell Phone _____

Additional Home* Residents **(*please see LifeMed Agreement for qualifications)**

Last Name	First Name	MI	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Submission of this application constitutes acceptance of the Western Lane Ambulance **LifeMed Agreement** and I (we) agree to the terms and conditions listed. I authorize payment of insurance medical benefits for ground ambulance service directly to the Western Lane Ambulance District. LifeMed Memberships are valid through June 30th

Your payment must accompany this application

Cash/Money Order Check #: _____ **\$75.00** payable to: **WLA LifeMed**

Payment Method: Visa MasterCard Other

Credit Card #: _____/_____/_____/_____

Exp. Date: _____/_____ CVV #: _____ (3-digit code on back of card)

Signature for Credit Card Payment: _____