



DH&L Ambulance League
 713 Bridge St
 Suite 14
 Selinsgrove, PA 17870

Please return application to:



Subscription Costs:

Individual Person – \$50

Covers person listed on the application only

Household – \$65

Covers everyone living in the residence as listed on the application

Household with Guests – \$75

Covers everyone living in the residence as listed on the application PLUS guests

Eliminate out of pocket expenses associated with Emergency Medical Treatment and Transportation.

APPROXIMATE costs incurred without a subscription are \$500-\$1,500

Dauntless Hook and Ladder
 Ambulance League
 2019-2020

 Your Name Here
 Member Until August 13, 2020

I request that any payments of any authorized insurance benefits be made to DH&L Ambulance League on my behalf for any services rendered. I authorize any holder of medical information about me or my family members to release to our agents any information needed to determine these benefits or the benefits payable for related services.

Signature

Date

Complete form and return with your payment made out to DH&L Ambulance League

PLEASE PRINT LEGIBLY

Head of Household _____

Address _____

City _____ State _____ Zip _____

Township/Boro _____

Phone Number _____

LIST HEAD OF HOUSEHOLD and all persons living in the household:

Individual Membership

Household Membership

Household w/Guests

Additional Donations