MASA Medical Transport Solutions™

Any Ground. Any Air. Anywhere.

Current Membership ID _____

MASA PLATINUM MEMBERSHIP --- EXISTING MEMBERS PORTING MEMBERSHIP

NAME (Last, First, Middle): _____ DOB: ____ / ____ / _____

SPOUSE (Last, First, Middle): _____ DOB: ____ / ____ / _____

Physical Address: _____ City/State/Zip: _____

Mailing Address (if different): _____ City/State/Zip: _____

Phone: (_____) _____ - _____ Alt. Phone: (_____) _____ - _____ Email: _____

Dependent Name: _____ DOB: ____ / ____ / _____

Dependent Name: _____ DOB: ____ / ____ / _____

Dependent Name: _____ DOB: ____ / ____ / _____

Dependent Name: _____ DOB: ____ / ____ / _____

Dependent Name: _____ DOB: ____ / ____ / _____

PLATINUM MEMBERSHIP ELECTION

Platinum Membership Payment Option

____ $468 Annual

____ $39 Monthly

INITIAL PAYMENT CALCULATION

$_____ Membership Fee

\+ **$ 0 Initiation Fee**

$_____ Total Initial Payment

Please mail enrollment form along with form of payment to:

MASA Global Building
Attn: Group Sales
1250 S. Pine Island Rd, Suite 500
Plantation, FL 33324

PAYMENT OPTIONS AND AUTHORIZATION

SELECT PAYMENT TYPE:

☐ Check ☐ Money Order (Please make payable to MASA) **#:** _____

☐ **Credit Card:** Visa / Master Card / Discover / AMEX

__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Exp. Date: ____/____

For Monthly Option, enter desired date of monthly charge: _____

Signature: _____

For Bank Draft: ☐ Checking (please include voided check)

Bank Name: _____ State: _____

Acct. #: _____ Routing #:_____

For Monthly Option, enter desired date of monthly draft: _____

Auto Renewal of Annual or Multi-year membership?

☐ Yes ☐ No Initials _____

I hereby authorize MASA to initiate a debit from my account indicated at above financial institution. If this item is returned unpaid, I authorize an additional returned check fee in conformity with the policies of my financial institution. The credit card and bank draft authorizations remain in full force and effect until MASA has received written notice from me of its termination, in such time and manner as to afford MASA and Depository a reasonable opportunity to act on it.

▶ _____ _____ _____

Member's Signature **Name** (Print) **Date**

MASA MTS Rep	Other