

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	
____ \$24.17 Single Monthly	____ \$32.50 Family Monthly
____ \$290 Single Annual	____ \$390 Family Annual

INITIAL PAYMENT CALCULATION	
+	\$ _____ Membership Fee
<hr/>	
	\$ _____ Total Initial Payment

Please mail enrollment form along with form of payment to:

MASA Global
 Attn: B2B
 1250 S. Pine Island Rd.
 Ste. 500
 Plantation, FL 33324

PAYMENT OPTIONS AND AUTHORIZATION
SELECT PAYMENT TYPE: <input type="checkbox"/> Check <input type="checkbox"/> Money Order (Please make payable to MASA) #: _____ <hr/> <input type="checkbox"/> Credit Card: Visa / Master Card / Discover / AMEX # _____ Exp. Date: ____/____ For Monthly Option, enter desired date of monthly charge: _____ Signature: _____ <hr/> For Bank Draft: <input type="checkbox"/> Checking (please include voided check) Bank Name: _____ State: ____ Acct. #: _____ Routing #: _____ For Monthly Option, enter desired date of monthly draft: _____ <hr/> Auto Renewal of Annual or Multi-year membership? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____ <hr/> 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.





MASA MTS of Florida is a registered tradename of Medical Air Services Association of Florida, Inc., a Florida corporation licensed as a Pre-Paid Limited Health Services Organization, pursuant to Chapter 636 of the Florida Statutes.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.'

MASA MTS Rep	Other