

BURBANK FIRE DEPARTMENT EMERGENCY MEDICAL SERVICE MEMBERSHIP PROGRAM

Enrollment Form

PLEASE PRINT CLEARLY

Street Address _____ Unit # _____ Burbank, CA _____
Zip Code

Name _____ Contact Phone Number _____

Mailing Address (if different from street address) _____ Email Address _____

How did you hear about our program? (Check one) friend/neighbor website mail other _____

PLEASE LIST ALL RESIDENTS WHO RESIDE FULL TIME AT THIS ADDRESS. (FOR ADDITIONAL NAMES, USE THE REVERSE SIDE OF THIS FORM.)

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH	FOR OFFICE USE ONLY – EFFECTIVE DATE

CHOOSE ONLY ONE OPTION:

I authorize Burbank Water and Power to charge an additional \$7.00 per month on my electric bill. Electric bill account number _____

I have enclosed a check for \$84.00, made payable to the Burbank Fire Department, for one year of membership coverage (non-refundable).

Signature _____ Date _____

**IF YOU HAVE QUESTIONS OR NEED TO NOTIFY US OF ANY CHANGES,
EMAIL EMSMembership@burbankca.gov or CALL (818) 238-3486.**

**Mail form to: Burbank Fire Department - EMS Membership Program
311 E. Orange Grove Avenue Burbank, CA 91502**

FOR OFFICE USE ONLY	
Oracle _____	BWP _____
GMap _____	Ck # _____
Effective Date _____	
Cancelled _____	