

**Wiscasset Subscription Agreement**

**Name:**

**Mailing:**

**Street Address:**

**Phone Number:**

**As a subscription member you will not be billed for emergency medical services that aren't covered by your insurance for Wiscasset Ambulance Service transports to the nearest hospital. This subscription agreement covers a full year from July 1<sup>st</sup> until June 30<sup>th</sup>.**

**Choose one:**

**\$ 25.00 Senior Citizen Plan (per person, ages 62 & over)**

**\$ 40.00 Senior Couple**

**\$ 50.00 Single Resident**

**\$ 100.00 Family Plan**

**\$ 250.00 Business Plan (please call for enrollment instructions)**

**Please fill out this enrollment form and return this with your check payable to the Town of Wiscasset. Upon receipt of your application, you will receive membership confirmation. If you desire more information about this plan, please call (207) 882-8204.**