

BURBANK FIRE DEPARTMENT EMERGENCY MEDICAL SERVICES MEMBERSHIP PROGRAM Enrollment Form

PLEASE PRINT CLEARLY

Street Address _____ Apt. # _____ 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 utility insert other _____

PLEASE LIST ALL RESIDENTS WHO RESIDE FULL TIME AT THIS ADDRESS. (FOR ADDITIONAL NAMES, ENCLOSE A SEPARATE SHEET.)

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH	FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH

CHOOSE ONLY ONE OPTION:

I authorize Burbank Water and Power to charge an additional \$4.00 per month on my electric bill. Electric bill account number _____

I have enclosed a check for \$48.00, made payable to the Burbank Fire Department, for one year of membership coverage.

Signature _____ Date _____

**IF YOU HAVE QUESTIONS OR NEED TO NOTIFY US OF ANY CHANGES,
EMAIL dhunt@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	
Access _____	Banner _____
Stats _____	Wittman _____
Effective Date _____	