

BURBANK FIRE DEPARTMENT EMERGENCY MEDICAL SERVICE MEMBERSHIP PROGRAM Enrollment Form

PLEASE PRINT CLEARLY

Street Address _____ Apt. # _____ Burbank, CA _____
Zip Code

Name (Primary) _____ 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. (INCLUDING PRIMARY)

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH	FOR OFFICE USE ONLY - EFFECTIVE DATE
(PRIMARY)				

CHOOSE ONLY ONE OPTION:

I authorize Burbank Water and Power to charge an additional \$5.00 per month on my electric bill. Electric bill account number _____

I have enclosed a check for \$60.00, 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 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 _____

Stats _____ Wittman _____

GMap _____ Ck # _____

Effective Date _____

Cancelled _____