

# Medical Air Services Association

## Annual Membership Application

Account Executive John K Arnold A0005

Phone 407-592-0311



Print Only

Date: \_\_\_\_\_

NAME \_\_\_\_\_ DEPENDENTS: \_\_\_\_\_  
Last First Middle BIRTHDATE

SPOUSE \_\_\_\_\_  
Last First Middle

BIRTHDATE: Member \_\_\_\_\_ Spouse \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Country E-MAIL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Social Security Number:

\* Pre-Existing Conditions Are Covered After 90 Days \*

### TYPE OF MEMBERSHIP

Individual Family

ANNUAL MASA MEMBERSHIP FEE  \$240.00  \$360.00 \$

INITIATION FEE (First Year Only) \$ 60.00

**TOTAL AMOUNT PAID \$**

Please Check Your Method of Payment:

1. Charge to:  VISA or MASTERCARD  AMERICAN EXPRESS  DISCOVER

CARD NUMBER                      EXPIRATION

(Initial) \_\_\_\_\_ I Want Automatic Renewal on my Charge Card

2. Payment Enclosed:  CHECK  MONEY ORDER TOTAL AMOUNT PAID \$ \_\_\_\_\_

3. ACH / PAYROLL DEDUCT - (See Attached) *Account Executive* John K Arnold # A0005

Please fax to 407-386-7053 or mail to:  
 John K Arnold, 5415 Lake Howell Road # 325, Winter Park, FL 32792  
 If paid by check, check payable to MASA  
[www.floridahealthinsurance.com](http://www.floridahealthinsurance.com) and [www.insurance-network.com](http://www.insurance-network.com)



**PERSONAL ACH CREDIT CARD  
PAYMENT AUTHORIZATION FORM**

**CREDIT CARD COMPANY**

(CHOOSE ONE)

VISA     AMERICAN EXPRESS     MASTER CARD     DISCOVER

Account Number

Expiration Date

**YEAR 1** – You are hereby authorized to charge \$\_\_\_\_\_ (which includes my initiation fee) to my credit card each month, for dues owed for membership in MASA – Medical Air Services Association. I understand and agree that it is my obligation to make certain my credit card company honors the above charges and that payment to MASA is approved on a timely basis and that failure to do so may result in cancellation of my membership.

**YEAR 2+** – You are hereby authorized to deduct \$\_\_\_\_\_ to my credit card each month, for dues owed for membership in MASA – Medical Air Services Association. I understand and agree that it is my obligation to make certain my credit card company honors the above charges and that payment to MASA is approved on a timely basis and that failure to do so may result in cancellation of my membership.

Such Credit Card charges are to continue until:

- 1. Written notice by me to MASA – Medical Air Services Association of cancellation of this authorization; or
- 2. Termination of the ACH Credit Card Payment Plan by MASA – Medical Air Services Association.

NAME: \_\_\_\_\_ Social Security No. \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
Customer's Signature

ADD – NEW

Agent: John K Arnold

Change from \$\_\_\_\_\_ to \$\_\_\_\_\_

Agent #: A0005

Delete \_\_\_\_\_

**AUTHORIZATION AGREEMENT  
FOR  
RECURRING ELECTRONIC ACH DEBIT**



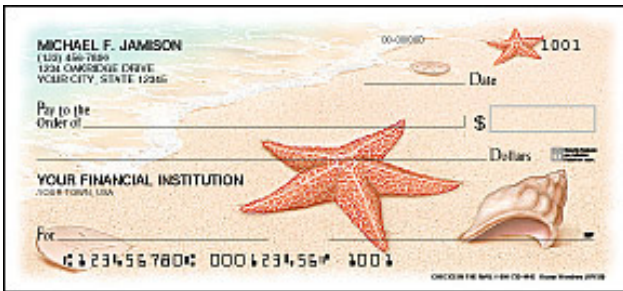
I hereby authorize MASA - Medical Air Services Association, herein after called the COMPANY, to initiate a debit to my CHECKING  / SAVINGS  Account (Check One) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit or credit the same to such account. If this item is returned unpaid, I authorize an additional returned check fee in the conformity with the policies of my Financial Institution.

Depository (Bank) Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
(Nine Digits) (Ten Digits)

*To avoid confusion, please attach a Voided Check*



Amount to be debited 1<sup>st</sup> Year: \$ \_\_\_\_\_  
Single - \$25.00; Family - \$35.00  
Includes \$60.00 one time initiation fee

Amount to be debited 2<sup>nd</sup> Year+: \$ \_\_\_\_\_  
Single - \$20.00; Family - \$30.00

Routing # ↑      ↑ Account #

Frequency of Payments: Monthly      Please Circle the Debit Date: 1<sup>st</sup>    15<sup>th</sup>    25<sup>th</sup>

This authorization is to remain in full force and effect until the COMPANY has received written notification from me of its termination, in such time and matter as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_  
(Print Name)

Date: \_\_\_\_\_ Agent: John K Arnold Agent's # A0005