



H.O.P.S. Ambulance Association

6185 Herrickville Rd
Wyalusing, PA 18853
<http://www.hopsems.org>

Membership Form – Dues for 2024

Last Name: _____ First Name: _____

Spouse's Name: _____

Address (Use 911 Address): _____

City: _____ Township: _____

State: _____ ZIP: _____ Phone Number: _____

Email Address: _____

First Name of Children

_____	_____
_____	_____
_____	_____
_____	_____

Fees:

INDIVIDUAL	\$15	_____
FAMILY **	\$25	_____
SENIOR INDIVIDUAL *	\$7	_____
SENIOR COUPLE *	\$12	_____
BUSINESS (1-10 Employees)	\$25	_____
BUSINESS (10+ Employees)	\$50	_____
DONATION		_____
TOTAL		_____

* Aged 62 and over

** A Family Membership provides coverage for you, your spouse, and dependents under the age of 26 who reside in your household.

The 2024 Ambulance Membership Plan provides coverage from March 1, 2024, through February 29, 2025. Forms must be submitted by July 1, 2024. Coverage is for HOPS Ambulance Association only and does not cover transports by other EMS organizations.

Make checks payable to **HOPS Ambulance Association**.

Please use only one membership per form to make it easier to record your membership.