



H.O.P.S. Ambulance Association

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



Join Online

Membership Form – Dues for 2026

You can join online now at: <https://hopsems.org/membership/>

Last Name: _____ First Name: _____

Spouse's Name: _____

Address (Use 911 Address): _____

City: _____ Township: _____

State: _____ ZIP: _____ Phone Number: _____

Email Address: _____

Dependents Living in Household Under 26 (For Family Membership) **

Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____

Membership Type:

- INDIVIDUAL - \$20
- SENIOR INDIVIDUAL * - \$10
- BUSINESS - \$50
- FAMILY ** - \$30
- SENIOR COUPLE * - \$15

Donation: \$ _____

Total: \$ _____

** Aged 62 and over*

**** A Family Membership provides coverage for you, your spouse, and your dependents under the age of 26 who reside in your household. Does not include multiple families living at the same address.**

The 2026 Ambulance Membership Plan provides coverage from **March 1, 2026**, through **February 28, 2027**.

Forms **MUST** be submitted by **July 1, 2026**.

Coverage is for H.O.P.S. Ambulance Association only and may not cover transport or services by other EMS organizations.

Make checks payable to **H.O.P.S. Ambulance Association**.

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