



There. When You Need Us.®

Updates Only _____

New Member _____

MEMBERSHIP ENROLLMENT FORM

Colville Chamber of Commerce

MEMBER ENROLLMENT INFORMATION

Name: _____ Date of Birth: _____

Spouse/Domestic Partner: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Additional Eligible Household Members:

Includes any dependents claimed on your tax return and elderly or disabled family members (age 65+) living in the same household

First Name	Last Name	Date of Birth	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Member's Signature: _____

GROUP DISCOUNT MEMBERSHIP:

- ◆ Annual fee of \$75 per year per household
- ◆ Discount rate is valid with enrollment through an approved group only.
- ◆ Return completed form to group contact.
- ◆ Complete Statement of Understanding is found on the reverse side of this form.

This form is valid through 12/31/24 Contact your employer or group representative for an updated enrollment form if this form is expired. New and lapsed member benefits take effect upon receipt of payment. Life Flight Network transports patients based on medical need, not membership status. Medicaid beneficiaries should not apply for membership. Life Flight Network operates under its own FAA Part 135 Air Carrier Certificate.