

**United Hook & Ladder Ambulance & Hanover Hospital Medic 46 Ambulance Subscription**

	Qty	Price	Total
Individual BLS Only	_____	\$25.00	_____
Family BLS Only	_____	\$50.00	_____
Individual BLS and ALS	_____	\$45.00	_____
Family BLS and ALS	_____	\$70.00	_____
	Grand Total:		_____

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(Over)

Full Name & Age of **ALL PERSONS** in your membership, including yourself:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Make Checks Payable & Return To:

United Hook & Ladder Company # 33

Attn: Ambulance Club

21 North Bolton Street

New Oxford, PA 17350

(Over)