

MEDICAL AIR SERVICES ASSOCIATION

MEMBERSHIP APPLICATION

PRINT ONLY

DATE _____

NAME	LAST	FIRST	MIDDLE	DEPENDENTS*	BIRTHDATE
SPOUSE	LAST	FIRST	MIDDLE		- -
BIRTH DATE: MEMBER		-	-	SPOUSE	
ADDRESS					
CITY					
STATE	ZIP	COUNTRY		E-MAIL ADDRESS	
PHONE		MEMBER SIGNATURE			
SOCIAL SECURITY NUMBER		*PRE-EXISTING CONDITIONS ARE COVERED AFTER 90 DAYS			



TYPE OF MEMBERSHIP

	SINGLE	FAMILY	
ANNUAL MASA MEMBERSHIP FEE IS	<input type="checkbox"/> \$240.00	<input type="checkbox"/> \$380.00	\$
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 DATE /

INITIAL [] I WANT AUTOMATIC RENEWAL ON MY CHARGE CARD.

2. PAYMENT ENCLOSED
 CHECK
 MONEY ORDER
 TOTAL AMOUNT PAID \$ _____

REPRESENTATIVE SIGNATURE _____ REF # **00007208**

MAKE ALL CHECKS PAYABLE TO MEDICAL AIR SERVICES ASSOCIATION (MASA)

MAIL YOUR APPLICATION TO:

Offshore Health & Travel Benefits, LLC
 P.O. Box 303363
 Austin, TX
 78703

<http://tilloglobe.com>
 fax: 512-322-9351
 ph: 512-482-0257