

W.C.E.A.A.
P.O. Box 515
New Martinsville, WV 26155

**Wetzel County Emergency
Ambulance Authority, Inc.**

(W.C.E.A.A.)

**W e t z e l
County EMS**

**Join The Wetzel County
Emergency Ambulance Authority
Membership Program**

**Four Wetzel County
Emergency Ambulance
Authority Stations Serving You**
Station 20-New Martinsville/Paden City
Station 30-Grandview/Proctor
Station 50-Pine Grove/Shortline
Station 60-Hundred/Burton

**When seconds count, do you have what
it takes to survive a life-threatening
medical emergency?**

*****ECRWSS*****
Local
Postal Customer

PRSR STD
ECRWSS
U.S. POSTAGE
PAID
EDDM Retail

Annual Membership Fee

1-Year Membership—\$55.00. This covers every one living within your house.

By applying for membership, I agree to W.C.E.A.A.'s terms and conditions.

Signature: X _____

Today's Date: ____/____/____
month day year

Member Name: _____

Physical Address: _____

City: _____ State: ____ Zip: _____

Mailing Address: _____

(if different from above)

County: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-Mail Address: _____

Date of Birth: ____/____/____

Do you live within the city limits? Yes " " No "

List Persons In Household and Date of Birth

(other than yourself) if there are other household members not listed here then please attach another sheet with their name and date of birth.

Name: _____

Date of Birth: ____/____/____
month day year

Name: _____

Date of Birth: ____/____/____
month day year

Name: _____

Date of Birth: ____/____/____
month day year

For customer service inquires or cancellation please call:

(304) 455-5931 or fax changes to **(304) 455-2824**

Membership enrollment forms may be mailed to:

W.C.E.A.A., P.O. Box 515, New Martinsville, WV 26155

