

BEMCC MEMBERSHIP APPLICATION

- Membership is \$45 per person per year
- For a group discount, please contact us at 619-425-5080
- Fill out this form legibly, completely and sign it
- FAX this form to us today at 619-425-4531 and mail a check
- Or send this completed form and check payable to BEMCC
Mail to: BEMCC, 642 Third Avenue, Suite I, Chula Vista, CA 91910

Applicant Information:

Full Legal Name

Date of Birth

Social Security Number

Important: SSN is needed during an actual emergency to expedite your evacuation

Street Address – line 1

Street Address – line 2

City

State

Zip Code

Phone Number

Fax number

Email Address

Health Insurance Information:

Insurance Company Name

Insurance Company Address (usually on the back of the insurance card)

Insurance Policy Number

Insurance Company Phone Number

Emergency Contact Information:

Important: Contact(s) must be currently living in the United States

Name of Primary Contact/Relative

Name of Secondary Contact/Relative

Contact Phone Number(s)

Contact Phone Number(s)

Contact Complete Address

Contact Complete Address

How did you find us? internet search friend Other _____

Signature

Today's Date