



**Manheim Township Ambulance Association**  
**New Membership Form &**  
**Renewal Membership Form**

**Head of Household Information:**

Name\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN\*: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

City, State, Zip\*: \_\_\_\_\_

Telephone\*: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail Address\*: \_\_\_\_\_

**\*required fields**

**Spouse/Partner Information (If applicable):**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Household Members (If applicable):**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Please make check or money order (no cash) payable to:

**Manheim Township Ambulance Association**

Check out our new website at: <https://www.mtams.org/>