Medic Alert Application

TO JOIN BY PHONE, call 1-800-432-5378 any time.

Please have the following information ready: 1 Credit card number and expiration date; 2 Medical information 3 Name, telephone number and address of primary physician; name and phone number of emergency contacts; and 4 Bracelet size (when ordering bracelet).

TO JOIN BY MAIL, complete form and mail payment to: Medic Alert, 2323 Colorado Ave., Turlock, CA 95382

1. PREVIOUS / CURRENT MEDIC ALERT MEMBER? ☐ Yes ☐ No — If yes, enter Member Number

2. PERSONAL INFORMATION (please print or type clearly)

○ Mr. ○ Ms. ○ Mrs. | Last Name | First | Middle | Sex | Social Security Number (optional)

Mailing Address | Phone Area Code ( ) | Date of Birth (Month / Day / Year)

City | State | Zip

EMERGENCY CONTACTS
As a member benefit, Medic Alert will advise your physician of your emergency.

Primary Physician | Primary Physicians Phone ( )

Primary Physician's Address

Person 1 | Phone ( )

Person 2 | Phone ( )

3. **TO BE ENGRAVED ON EMBLEM, your essential emergency medical identification:** Medical conditions and allergies. Emblem engraving space is limited. Small bracelet: 60 spaces. Large bracelet: 90 spaces. Necklace: 90 spaces. Allow one space between words. Do not abbreviate. For help, call 1-800-432-5378. Medical professionals are on staff.

4. **TO BE ADDED TO YOUR COMPUTERIZED MEDICAL FILE, these vital medical facts:** Additional medical conditions, allergies and medications. Dosage data not needed. Use additional paper if necessary.

Health Insurer | Group Plan Number | Insurer Member Number

5. **ANNUAL MEMBER BENEFITS:** Your application fee provides first year membership including: setting up and maintaining your computerized medical file, member card, and custom engraved emblem and chain. Annual members also receive continuing access to our 24-Hour Emergency Response Center, unlimited **FREE** updates to your medical file, member publications and special discounts on replacement emblems.

6. **EMBLEM SELECTION:** (Just check the box)
The Basic Stainless Steel emblem is included in your application fee. If you would prefer to substitute our Classic Series (Silver or 10k Gold Filled) for your Basic Emblem, please add the following amounts:

METAL TYPE	NECKLACE	LG BRACELET	SM BRACELET*
Basic Stainless Steel	☐	☐	☐
Classic Series Silver (Rhodium-Plated)	☐	☐	☐
10k Gold-Filled	☐	☐	☐

For Classic Series add $15.00 add $40.00

Note: Designer Collection Sterling Silver and 14k Gold are also available. Call for details. (Fees and terms, as of 9/98, subject to change without notice.)

Measure your wrist snugly and add 1/2" to allow for emergency personnel to turn the emblem over:

☐ 5" ☐ 5-1/2" ☐ 6" ☐ 6-1/2" ☐ 7" ☐ 7-1/2" ☐ 8" ☐ 8-1/2" ☐ 9"
children's sizes

7. **PAYMENT CALCULATION:**

Application fee $35.00 ..... $____
Add Classic Series upgrade ..... $____
Charitable Contribution ..... $____
(Medic Alert is a nonprofit organization that depends on fees and contributions to support our 24-Hour Emergency Response Center).
Total Amount Enclosed ..... $____

8. **METHOD OF PAYMENT:**

☐ Check ☐ MasterCard ☐ VISA ☐ Discover
☐ Money Order No other credit cards accepted. No CODs.

Payment must accompany order.
Send to: **Medic Alert, 2323 Colorado Ave., Turlock, CA 95382**

Note: Annual membership fee after first year is only $15.00
☐ Each year, please charge my Credit Card $15.00 for continuing Annual Member services.

If paying by credit card, you may fax this for to: 209-669-2450. Credit card number must be included.

Card Number: | Exp Date:

Signature for Card Authorization:

IMPORTANT: When you receive your personalized Medic Alert emblem and the copy of your emergency medical file, please check both carefully for accuracy and call Medic Alert (1-800-432-5378) *whenever* your medical, address, or family/physician information in your medical file is confidential and should only be released to protect or save a member's life. By accepting membership in Medic Alert, you do authorize Medic Alert to release information in emergencies or to healthcare personnel whom you authorize. We welcome you as a new member and will do our very best to serve you well.

9. Signature of Member | Date