



Brandon Area Rescue Squad, Inc.

SUBSCRIPTION APPLICATION

\$60 per year for household

June 1, 2026 - May 31, 2027

Principal Subscriber _____ DOB _____
(First) (Middle Initial) (Last)

Mailing Address _____ Apt # _____

City _____ State _____ Zip _____ Ph _____ Email _____

Full name and age of household occupants other than myself to be included on this subscription.

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

If more space is needed, please include a sheet with names and DOB for each.

PLEASE READ AND SIGN AGREEMENT ON BACK

Payment Must Accompany This Application.

New Renewal

Donation Only

In addition to the subscription fee, I wish to make a tax deductible donation of:

\$ _____

SUBSCRIBE BY MAIL

Complete the attached application and mail it with your payment of \$60.00 per household to :

**Brandon Area Rescue Squad
1338 Franklin St
Brandon, VT 05733**

SUBSCRIPTION AGREEMENT

I hereby apply for subscription to Brandon Area Rescue Squad, Inc. for myself and the members of my household listed on the reverse side. I understand that the \$60 per household per year subscription fee provides local emergency medical and emergency ambulance services to me and the members of my household as medically necessary in the Brandon Area Rescue Squad, Inc. service area. These services are provided at no additional cost to me from June 1, 2026 through May 31, 2027.

I understand that this subscription expires May 31, 2027 regardless of when I initiate my subscription. I also understand that this subscription permits Brandon Area Rescue Squad, Inc. to collect directly from any third-party agency, whatever benefits may be available at no charge to me or my family, and that this membership is non-refundable and non-transferable.

I further understand that my payment alone is agreement to the above membership rules and limitations.

Subscriber Signature

DATE