

**Camp Hill Fire Company - EMS
& West Shore Advanced Life Support**

Membership Card
Valid from January 1, 2008 to December 31, 2008
Thank you.

(Your canceled check is your receipt.)

Name _____

Address _____

Check No. _____

Date _____

*Membership is not valid unless payment is received
by Camp Hill Fire Company - EMS.*

Name _____
(Please Print) Last First MI

Membership from January 1, 2008 to December 31, 2008

Address _____ P.O. Box/Apt. _____ Zip _____

Phone No. _____

(Make checks payable to Camp Hill Fire Company - EMS)

Check No. _____

2008 Membership \$ 70.00

EMS Donation \$ _____

Total \$ _____

Head of Household / Business Signature - Not valid unless signed.