BURBANK FIRE DEPARTMENT

EMERGENCY MEDICAL SERVICE MEMBERSHIP PROGRAM ENROLLMENT FORM

Refer to Program Terms and Conditions located at www.burbankfire.us. This is not insurance.

PLEASE PRINT CLEARLY:

Street Address _____ Unit #_____ Burbank, CA Zip Code _____

Name _____ Contact Phone Number _____

Mailing Address (if different from street address) _____ Email Address _____

How did you hear about our program? (Check one) ☐ Friend/Neighbor ☐ Website ☐ Mail ☐ Other _____

PLEASE LIST ALL RESIDENTS WHO RESIDE FULL TIME AT THIS ADDRESS. FOR ADDITIONAL NAMES, USE THE REVERSE SIDE OF THIS FORM.

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH

CHOOSE ONLY ONE OPTION:

☐ I authorize Burbank Water and Power to charge an additional $7.00 per month on my electric bill. Electric bill account number: _____

☐ Enclosed is a check for $84.00, made payable to the Burbank Fire Department, for one year of membership coverage (non-refundable).

Signature _____ Date _____

This is not a waiver of any obligation to pay for emergency services. By signing this form, I acknowledge that I or any covered member of my household, will provide Burbank Fire Department and/or its billing company with medical insurance information, authorizing them to bill the insurance provider for the services provided.

FOR OFFICE USE ONLY

Oracle _____

BWP _____

GMap _____

Ck # _____

Effective Date:

MAIL FORM TO: Burbank Fire Department - EMS Membership Program, 311 E. Orange Grove Avenue, Burbank, CA 91502

If you have any questions or need to notify us of any changes,
EMAIL: emsmembership@burbankca.gov or CALL: (818) 238-3486.

Rev. 2/2025