



FISCAL YEAR 2018/2019

Anaheim Fire & Rescue  
Paramedic Membership Program



On July 1<sup>st</sup>, the City of Anaheim will begin the current year of the **Voluntary Paramedic Membership Program**. This program was first adopted in May 1985 to help support and enhance the emergency medical services presently provided. Anaheim Fire & Rescue presently operates Paramedic Engine and Truck Companies strategically located to provide one of the nation’s best paramedic services.

The charge for a paramedic call is **\$350 dollars (starting on October 1<sup>st</sup> our response fee will increase to \$387)**. As an alternative to paying these direct fees, all Anaheim residents and businesses have the opportunity to enroll in the Voluntary Paramedic Membership Program. This option provides unlimited Paramedic Program coverage for you, your household, or employees for only **\$3 per month**.

**Ambulance transportation is provided by a private ambulance company; therefore, ambulance fees are not covered by this program.**

Please fill out the form below if you wish to become a member of the Voluntary Paramedic Membership Program. Submit a check or money order payable to the **City of Anaheim** for the amount described in the table below. **Coverage begins from date of receiving payment until June 30 of every year.**

**\*Please note that starting on October 1<sup>st</sup> our user fees will increase per Resolution No. 2018-078. Our new annual fee will be \$42 and will be pro-rated from October 2018 thru June 2019.**

Enrollment Fee	July	August	September	October	November	December	January	February	March	April	May	June
	\$36	\$33	\$30	\$31.50	\$28	\$24.50	\$21	\$17.50	\$14	\$10.50	\$7	\$3.50

Mail application(s) and fee(s) to:

**Anaheim Fire & Rescue  
201 South Anaheim Blvd #300  
Anaheim, CA 92805  
Attention: Paramedic Membership  
(714) 765-4060**

**DO NOT SEND CASH.** Your canceled check will be your receipt. If your check is returned unpaid by your bank, an additional handling fee of \$25.00 will be added to your balance.

**REMINDER: THIS APPLICATION MUST BE RENEWED EACH JUNE.**

Detach the form below the dotted line prior to mailing. Please print clearly.

**1 Membership Type**

**Anaheim Residents**

Please enroll me and the members of my household in the Paramedic Membership Program.

**Anaheim Businesses**

Please enroll me and my employees of the business in the Paramedic Membership Program.

**2 Personal Information**

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City Zip

\_\_\_\_\_  
Phone Email Address

\_\_\_\_\_  
Mailing Address (if different)