



# MEMBERSHIP APPLICATION

## CHOOSE A MEMBERSHIP OPTION:

- 1 year \$65       5 years \$300
- 2 years \$130     Lifetime \$1,200

*Optional:* Tax-deductible contribution to Air St. Luke's:  
 \$25     \$50     \$100     Other \$ \_\_\_\_\_

### GIFT OF MEMBERSHIP

This is a gift from: (please print)

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Mail membership confirmation letter to:     Me     Recipient

Mail membership renewal reminders to:     Me     Recipient

## PRIMARY MEMBER INFORMATION (please print)

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## ADDITIONAL HOUSEHOLD MEMBERS

*\*Includes spouse or domestic partner and children younger than 19, or younger than 24 and a full-time student claimed on primary's income taxes.*

Legal Name (First, MI, Last Name)	Relationship	Date of Birth
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## PAYMENT INFORMATION

- Check (payable to Air St. Luke's)
- Gift Certificate enclosed.
- Credit or Debit (Visa, MC, AMEX, Discover): Amount \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

I hereby authorize Air St. Luke's to charge the amount indicated above.

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please return your completed application with payment to:**

**Air St. Luke's**

**190 E Bannock Street, Boise, ID 83712**

**Phone: (208) 706-1000 or (800) 822-1616**