



BAHAMASEVAC

SERVICES



MEMBERSHIP FORM

Form #: _____

Applicant Information

Name:

Date of Birth: DD/MM/YYYY

NIB:

Phone:

Current Address:

Island:

Email:

P.O. Box

Membership Level:

- Basic** > \$50 per month > 2 flights per year
- Gold** > \$65 per month > 3 flights per year
- Platinum** > \$99 per month > 4 flights per year

Preferred Hospital:

- Princess Margaret Hospital**
- Doctor's Hospital**

Employment Information

Current Employer:

Employer Address:

Date of Employment Phone:

Fax:

P.O. Box:

City:

Island:

Position:

Emergency Contact

Name of a relative not residing with you:

Relationship:

Address:

Phone:

City:

Island:

P.O. Box:

Dependants

Name: Relationship: Date of Birth: DD/MM/YYYY Phone: NIB

Method of Payment

Direct Payment

Salary Deduction

Signatures

I authorize the verification of the information provided on this form as to my credit and employment. All of the information I have provided are true and valid to the best of my knowledge

Signature of Applicant:

Signature of Spouse:

(only if for a joint membership)

Date:

DD/MM/YYYY

Date:

DD/MM/YYYY



"When it counts, you can count on us!"

242.323.1162

242.698.7299

www.bahamasevac.com

info@bahamasevac.com

OUR PROMISE

Our Promise assures you that every detail of your emergency is handled.

Our Promise means that BahamasEvac will commit all of our resources to guide the process from start to finish. Our team of passionate experts in the fields of medicine, aviation, and case management are your hands, eyes, and ears. All of us, working on your behalf to ensure that every mission is successful. At BahamasEvac we focus on every step of the process, so you can focus your attention on what really matters.

We Promise, that when it counts, you can count on us.