

## MEDICAL AIR SERVICES ASSOCIATION

### MEMBERSHIP APPLICATION

PRINT ONLY

DATE \_\_\_\_\_

NAME	LAST	FIRST	MIDDLE	DEPENDENTS*	BIRTHDATE
SPOUSE	LAST	FIRST	MIDDLE		- -
BIRTH DATE: MEMBER		-	-	SPOUSE	
ADDRESS					
CITY					
STATE	ZIP	COUNTRY		E-MAIL ADDRESS	
PHONE		MEMBER SIGNATURE			
SOCIAL SECURITY NUMBER		*PRE-EXISTING CONDITIONS ARE COVERED AFTER 90 DAYS			



#### TYPE OF MEMBERSHIP

	SINGLE	FAMILY	
ANNUAL MASA MEMBERSHIP FEE IS	<input type="checkbox"/> \$240.00	<input type="checkbox"/> \$380.00	\$
INITIATION FEE [FIRST YEAR ONLY]			\$ 60.00
<b>TOTAL AMOUNT PAID</b>			<b>\$</b>

PLEASE CHECK YOUR METHOD OF PAYMENT:

1. CHARGE TO:   
  VISA OR MASTERCARD   
  AMERICAN EXPRESS   
  DISCOVER

CARD NUMBER    
 EXPIRATION DATE

INITIAL [    ] I WANT AUTOMATIC RENEWAL ON MY CHARGE CARD.

2. PAYMENT ENCLOSED   
  CHECK   
  MONEY ORDER   
 TOTAL AMOUNT PAID \$ \_\_\_\_\_

REPRESENTATIVE SIGNATURE \_\_\_\_\_ REF # **00007208**

MAKE ALL CHECKS PAYABLE TO MEDICAL AIR SERVICES ASSOCIATION (MASA)

MAIL YOUR APPLICATION TO:

**Offshore Health & Travel Benefits, LLC**  
 P.O. Box 303363  
 Austin, TX  
 78703

<http://tilloglobe.com>  
 fax: 512-322-9351  
 ph: 512-482-0257