

**MINQUAS AMBULANCE CLUB
SUBSCRIPTION APPLICATION
2023**

Please make checks payable to Minquas Fire Company No 2. Please provide COMPLETE information.

Head of Household

Last Name: _____

First Legal Name: _____ MI _____

Date of Birth: ____/____/____

Phone No. () _____ - _____

Home Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Other Household Members

Full Legal Name

Date of Birth

Call our Customer Service department at **800-814-5339** for
assistance with online enrollment.

Call Minquas EMS at 610-269-2797 to arrange to pay in person/by
mail (check).

