Rialto Fire Department Ambulance Membership

Please complete the application below and submit it to:

Rialto Water Services
437 N. Riverside Ave.
P.O. Box 800
Rialto, CA 92377

Ambulance Membership Fee: $60 annually or $5 a month on your Rialto Water Services Bill

Name of Primary Member: ____

Home Mailing Address: Street: _____________________________ apartment: __________

City: _____________________________ State: ___________ Zip Code: ________________

Phone number: ( ) ______-_________ Cell: ( ) ______-_________

Date of Birth: ________________ Social Security number: ______-______-__________

Email address: ____________________@_________________.com

Health Insurance information:

Primary Health Insurance Provider: ____

Policy or group number: ________________ Insurance phone #: _________________________

Insurance address: ____

Secondary Health Insurance Provider:____

Policy or group number: ________________ Insurance phone #: _________________________

Insurance address: ____

Signature: ____________________________________ Date: ________________________

Name of Spouse: ____

Address (if different from above)____

City: _____________________ State: ___________ Zip Code: ________________

Phone number: ( ) ____-_________ Cell: ( ) ____-_________

Date of Birth: ________________ Social Security number: ______-_____-__________

<u>Spouse Health Insurance information (if different from above)</u>:

<u>Primary</u> Health Insurance Provider: ____

Policy or group number: ________________ Insurance phone #: __________________________

Insurance address: ____

<u>Secondary</u> Health Insurance Provider: ____

Policy or group number: ________________ Insurance phone #: __________________________

Insurance address: ____

(List ALL dependents residing in the home claimed on the previous year tax return)

#1 - Name: ____

Date of birth: ____________________ Social security number: _____-______-____________

#2 - Name: ____

Date of birth: ____________________ Social security number: _____-______-____________

#3 - Name: ____

Date of birth: ____________________ Social security number: _____-______-____________

#4 - Name: ____

Date of birth: ____________________ Social security number: _____-______-____________

#5 - Name: ____

Date of birth: ____________________ Social security number: _____-______-____________

#6 - Name: ____

Date of birth: ____________________ Social security number: _____-______-____________