

# MedicAlert® Application — "DNR" Emblem

## Personal Information:

Previous/Current MedicAlert® Member?  YES  NO

If yes, enter MedicAlert® number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name: \_\_\_\_\_

First name: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Gender:  M  F Date of Birth (mo/day/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

## Emergency Contacts:

1. Primary Person to notify

\_\_\_\_\_ phone: \_\_\_\_\_

2. Physician Contact: \_\_\_\_\_

3. Other Contact: \_\_\_\_\_

“By accepting membership in MedicAlert Foundation International, I authorize MedicAlert® to release all medical and confidential information about me in emergencies and to other health care personnel I designate. If I choose to terminate membership, I will notify MedicAlert® in writing and return my emblem.”

MedicAlert® relies on the accuracy of the information Members supply. Member therefore agrees to defend, indemnify, and hold MedicAlert® (including its employees, officers, directors and agents) harmless from any claim or lawsuit brought by Member or others for injury, death, loss or damages arising in whole or in part out of Member's provision of incomplete or inaccurate information to MedicAlert®

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Select emblem type and payment option on next page**

# MedicAlert® Application page 2 — "DNR" Emblem

## Emblem Preference:

Necklace

Bracelet: Size (measure wrist + ½ ")

5" 5½ " 6" 6½ " 7" 7½ " 8" 8½ " 9"

## Cost:

Initial membership and emblem: **\$39.95**

Shipping:  U. S. Mail First Class **\$4.95**

**\$15.00** Fed Ex (2-day) \_\_\_\_\_

**\$21.00** Overnight Delivery \_\_\_\_\_

Total amount . . . . . \_\_\_\_\_

## Payment option:

Payment by check:

Mail check with enrollment form and a clear copy of the EMS-DNR form to:

URGENT: ACP Program

MedicAlert Foundation

2323 Colorado Ave

Turlock, CA 95382

Payment by Credit Card:

Credit Card Type:  VISA  MasterCard  Discover  AMEX

Card #

Expiration date:

Name and Billing address if different from address on page 1:

Signature for Credit Card Authorization:

\_\_\_\_\_

Fax this form (both pages) *and* the EMS-DNR form to: 1-800-863-3429