
**APPLICATION FOR LYME AMBULANCE ASSOCIATION MEMBERSHIP during
_____ (year)**

Household Name _____ Number of Residents _____

Names _____

Street Address _____ P.O. Box _____

Town _____ Zip _____

*Your membership entitles you to free emergency ambulance service in Lyme, Old Lyme, East Haddam, Old Saybrook,
Westbrook, Durham, Clinton, Killingworth, Essex, Chester and Haddam.*

Please make checks payable to:

Membership Fee: \$ _____ 15.00

Lyme Ambulance Association, Inc.

Additional Donation \$ _____

P.O. Box 911

Total Amount Enclosed \$ _____

Hadlyme, CT 06439

- Check box if you would like to be contacted about any upcoming CPR class
- Check box if you would like to volunteer for the Ambulance Operations Group

Phone number where you can be reached: _____

Thank you for your contribution and allowing us to continue to serve you.
