



FULLERTON FIRE DEPARTMENT
ADAM LOESER, FIRE CHIEF

PARAMEDIC SUBSCRIPTION PROGRAM
APPLICATION FOR 2024-2025 MEMBERSHIP TERM

Renewal Instructions:

Please return this enrollment form with your \$46.00 payment by June 30 to ensure uninterrupted coverage. If received after June 30, the Fire Department will consider the date of postmark as your membership renewal date.

Checks are payable to "City of Fullerton." Please do not send cash. For more information, please call (714) 738-6341, or visit us on the web at FullertonFire.org.

PRIMARY HOUSEHOLD MEMBER

Full Name 1. _____

ADDITIONAL HOUSEHOLD MEMBERS (IF APPLICABLE)

Full Name 2. _____

Full Name 3. _____

Full Name 4. _____

Full Name 5. _____

Full Name 6. _____

Full Name 7. _____

Full Name 8. _____

ADDRESS

Address _____

Unit Number _____

City/State/Zip _____

PRIMARY CONTACT INFORMATION

Cell Phone _____

Home Phone _____

Email _____