



POINT PLEASANT - PLUMSTEADVILLE

Emergency Medical Services

For payments via PayPal, please include your membership type along with your reference number and address.

2026 Subscription Rates:

- ☐ Single Rate.....\$65.00
- ☐ Family Membership Rate\$110.00
- ☐ Senior Individual Rate (62 & Over).....\$40.00
- ☐ Additional Tax-Deductible Donation.....\$ _____
- Total Amount Enclosed \$ _____

Reference No. _____

Visit our secure website to use:



www.medic124.org



Please make necessary corrections to name and address.

SUBSCRIPTION FORM

Please make checks payable to:
Point Pleasant - Plumsteadville EMS or PPPEMS

and mail to:

P.O. Box 391

Plumsteadville, PA 18949

Info: (215) 766-7285 • Billing: (877) 214-6018

Reference No. _____

POINT PLEASANT PLUMSTEADVILLE

Emergency Medical Services

2026

Name: _____

\$ _____
AMOUNT

Thank you for your tax free contribution!

EMERGENCIES: DIAL 9-1-1

Valid: January 1st, 2026 - December 31st, 2026

KEEP THIS PORTION

PLEASE COMPLETE AND RETURN THIS PORTION.

