



“Fire Medical” Subscription

Yes! I would like to join the Loma Linda “Fire Medical” subscription Program! Subscription is available to both residents and non-residents of Loma Linda. The subscription fee covers all people who live or work at the service address designated below.

Please enter service address information:

Select a subscription type

- Resident - \$48 per year, per household**
- Non-Resident - \$60 per year, per household**
- Business - \$48 per year, increments of 5 employees**

First Name:

Last Name:

Business Name:

Street Address:

Apartment/Unit/Suite:

City:

Zipcode:

Home/Business Phone

Other Phone

Number of Persons in Home/Business:

Email Address:

Billing Method

- Send me a bill immediately**

Please enter Mailing Address if different from above:

Street Address:

Apartment/Unit/Suite:

City:

Zip Code: