



2026-2027 New Member Application

Membership covers applicant, spouse and children up to 26 years of age.

Membership Program

This section to be completed by Acadian

Employee number: _____

Applicant

Last name _____ First name _____ Middle initial _____

Address _____

City _____ State _____ Zip _____
()

Contact phone (including area code) _____ Date of birth (mm/dd/yyyy) _____

Social Security number _____

Email address: _____

Spouse

Last name _____

First name _____ Middle initial _____

Date of birth (mm/dd/yyyy) _____

Social Security number _____

()

Contact phone (including area code) _____

Email address: _____

Dependent Information (List additional family members on the back of this form.)

Dependent name

1. _____

2. _____

3. _____

Date of birth (mm/dd/yyyy)

_____ ☐ Handicapped

_____ ☐ Handicapped

_____ ☐ Handicapped

Insurance Information, Applicant

Medicaid number _____

Medicare number _____

Private insurance name _____

Address _____

City, State, Zip _____
(Include retired information)

Name of policy holder _____

Insured's employer & phone _____

Policy number _____

Group number _____

Insurance phone _____

Insurance Information, Spouse

Enjoy great benefits and savings!

Ambulance Services Discount

Receive a 30% discount on billed ambulance charges.



VIP Phone Line

Enjoy exclusive access to specialized customer service and billing assistance.

Savings Network

Access thousands of discounted products and services from local and national businesses.¹

- Movies and concert tickets
- Groceries and dining
- Retail and shopping
- Home services
- Travel and rental cars
- Auto repair
- Health and wellness
- Phones and electronics



Doorbell Camera

Receive a free doorbell camera with the purchase of a monitored security system through Acadian Total Security.²



On Call Medical Alert Systems

Save 10% on monthly monitoring rates.



¹This service is provided by a third-party vendor. Offers and services are subject to change without notice. Acadian Ambulance Service is not an agent of Abenity, provides no warranties related to the services provided by Abenity and hereby disclaims any liability with regard thereto.

²Subject to terms and conditions. Call 855-222-3426 for more information.



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Additional Dependent Information *Membership covers applicant, spouse and children up to 26 years of age.*

Dependent name

Date of birth (mm/dd/yyyy)

4. _____

☐ Handicapped

5. _____

☐ Handicapped

6. _____

☐ Handicapped

7. _____

☐ Handicapped

8. _____

☐ Handicapped

9. _____

☐ Handicapped

10. _____

☐ Handicapped

*Thank you for choosing to
be an Acadian member!*

Consent to Receive Notifications

- ☐ I agree to to be contacted per the terms listed in the "Reimbursement for Membership Services" section on the Membership Terms page in the *Member Handbook*.
- ☐ I agree to receive text-message and email notifications from Acadian. (Optional) Text and data rates may apply.

Mobile phone number: () _____

Email address: _____

Mail this completed membership application in the enclosed envelope.

Ensure the "Membership Department" address at the bottom of this page is visible through the envelope's window.

Enroll and pay online at **Acadian.com/Membership**, or call **1.800.256.JOIN (5646)**.

(A \$2.00 handling fee will be added to pay by phone.)

NOTE: Mississippi and Texas residents with Medicaid coverage, by law, are not eligible to purchase a membership. Louisiana Medicaid recipients can make a voluntary contribution.

- ☐ My check / money order is enclosed
- ☐ \$84 one-year membership
- ☐ \$168 two-year membership
- ☐ Add \$_____ as a donation to the Helping Hand Fund* (*optional*)

*Established in 1986, the Helping Hand Fund assists indigent persons in need of EMS care through contributions from membership enrollees' donations.



Scan the code with your smartphone camera to enroll and pay online

PLEASE REMIT PAYMENT TO:

MEMBERSHIP DEPARTMENT
P.O. BOX 919285
DALLAS, TX 75391-9285