

**Instructions:**

Fill out the enrollment coupon below and mail it, along with a check for \$60.00 to:

**Enosburgh Ambulance Service  
83 Sampsonville Road  
Enosburgh, VT 05450**

**SUBSCRIPTION ENROLLMENT COUPON**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHYSICAL (911) ADDRESS: \_\_\_\_\_

NAMES OF DEPENDANTS/FAMILY MEMBERS AT SAME ADDRESS: \_\_\_\_\_

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