

Bethel Community Ambulance  
8170 Lancaster Avenue  
Bethel, PA 19507

\*\*\*\*\*ECRWSSDDM\*\*\*\*

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Local  
Postal Customer



VOLUNTEERS DEDICATED  
TO HELPING  
THE COMMUNITY



2025 - 2026



SCHEDULE OF

MEMBER/NON-MEMBER  
RATES & CHARGES

EFFECTIVE JUNE 1, 2025 THROUGH MAY 31, 2026

IMPORTANT MEMBERSHIP INFORMATION

BETHEL COMMUNITY AMBULANCE  
EMERGENCY SERVICE – DIAL 911 – BUSINESS OFFICE – DIAL: 717-933-8934  
EMAIL: office@bethelambulance.org

PLEASE PAY ONLINE AND REVIEW OUR COVERAGE MAP  
VIA OUR WEBSITE: [www.bethelambulance.org](http://www.bethelambulance.org)

In 2024, the Bethel Community Ambulance responded to 1490 calls in our service area. We continue to have three ambulances to provide better service to our response area. We service Bethel Twp., portions of Jefferson Twp., Tulpehocken Twp., Upper Tulpehocken Twp., and surrounding rural areas. We currently have 5 full-time and 11 part-time paid crew members and 9 volunteer crew members. Additional crew members are always needed, and the necessary training is provided.

PLEASE READ LETTER ON BACK FOR IMPORTANT AMBULANCE INFORMATION TO HELP YOU BETTER UNDERSTAND THE TYPES OF SERVICE PROVIDED WITH YOUR MEMBERSHIP WITH US.

Please have a list of current medications ready for the EMS crew.

Contact your local Fire Company to purchase Identifying Green Reflectors  
to help us find you when you need help.

Bethel: (717) 933-5236 • Frystown: (717) 673-2521 • Rehrersburg: (717) 933-4646  
Strausstown: (610) 488-1770 • Bernville: (610) 488-6592

BETHEL COMMUNITY AMBULANCE  
8170 Lancaster Avenue , Bethel, PA 19507  
2025-2026 Membership Application  
Please Print or Type.

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE \_\_\_\_\_

PLEASE CIRCLE ONE BELOW

|                                   |                   |                     |
|-----------------------------------|-------------------|---------------------|
| MEMBERSHIP RATES                  | Household \$65.00 | Individual \$55.00  |
| SENIOR RATES (65 Years and Older) | Household \$55.00 | Individual \$45.00  |
| CHECK# _____                      | DATE _____        | MEMBERSHIP \$ _____ |
|                                   |                   | DONATION \$ _____   |
| THANK YOU                         |                   | TOTAL \$ _____      |

COMPLETE INFORMATION ON REVERSE SIDE



BETHEL COMMUNITY AMBULANCE

2025 - 2026 MEMBERSHIP CARD  
EMERGENCY SERVICES DIAL 911  
BUSINESS OFFICE DIAL 717-933-8934

CHECK# \_\_\_\_\_ DATE \_\_\_\_\_

CARD EXPIRES MAY 31, 2026  
DETACH AND RETAIN FOR YOUR RECORDS

BASIC LIFE SUPPORT (BLS) - This is an ambulance which is staffed with Emergency Medical Technicians (EMT), who are skillfully trained in pre-hospital emergency care. The BLS ambulance is licensed by the Emergency Medical Services Council (EMS Council) within the guidelines set forth by the PA State Department of Health. A Basic Life Support Ambulance is dispatched for all emergencies.

ADVANCED LIFE SUPPORT (ALS) – This is an ambulance that is staffed with a Paramedic. Within their capacity as a Paramedic, they can perform life-saving techniques including, but not limited to, starting intravenous lines, giving medications, defibrillation and cardiac monitoring. The Paramedic is in constant contact with an emergency room physician from one of the local hospitals. Obviously their training is very advanced and they are licensed by PA Department of Health.

We have renewed the agreements with the ALS (Paramedic) units that service our area. This means your membership may be honored when neighboring units cover our area. An average routine call for BLS service is \$950.00 and ALS service is \$1,600.00. You may be responsible for deductible, co-insurance, and/or co-pay to the ALS unit. **The 2024-2025 membership expires May 31, 2025.** We are dedicated to serving you in your time of need.

**THE MYERSTOWN FIRST AID UNIT NO LONGER PARTICIPATES IN A MEMBERSHIP PROGRAM.**

**There are four types of membership rates:**

- Household - \$65.00 per year
- Individual - \$55.00 per year
- Senior Household (65 years and older) - \$55.00 per year
- Senior Individual (65 years and older) - \$45.00 per year

**Note! There will be a \$75.00 charge after the 3rd lift assist and/or 3rd refusal within the same membership year.**

**Instructions for membership or renewal.**

- 1) Complete the enclosed membership application (blue card). Detach and return with check or money order payable to the Bethel Community Ambulance. Mail to 8170 Lancaster Ave., Bethel, PA 19507.  
You can also visit our website to complete the application. [www.bethelambulance.org](http://www.bethelambulance.org)
- 2) Keep the wallet size membership card for your records.
- 3) The 2025-2026 membership expires May 31, 2026.

**Contributions are appreciated and are tax deductible.**

Thank you for your patronage – Support Your Local Ambulance.

BETHEL COMMUNITY AMBULANCE  
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BUSINESS OFFICE DIAL 717-933-8934  
EMAIL: [office@bethelambulance.org](mailto:office@bethelambulance.org)  
WEBSITE: [www.bethelambulance.org](http://www.bethelambulance.org)



**Please list below all individuals residing in your household. Please print. Bethel Community Ambulance reserves the right to any available third party insurance head of household and spouse – sign this card and return with payment.**

| Name | Name |
|------|------|
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Authorization – I request that payment of any authorized insurance benefits be made in my behalf to Bethel Community Ambulance for services furnished by this health service provider or supplier. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine the benefits or the benefits payable for related services. I authorize payments be made to me or my behalf to the Bethel Community Ambulance. I authorize the release of medical or other information to the fiscal agent or to the Bethel Community Ambulance as needed to determine benefits payable for service.

Head of Household Signature . \_\_\_\_\_

RETURN THIS PORTION WITH PAYMENT