



BECOME A MEMBER

Enrollment Options

____ - ____ - ____
TODAY'S DATE

NEW MEMBER RENEWAL

Membership type: (PLEASE CHECK ONE)

Single membership \$20 (1YEAR) \$35 (2 YEAR)

Household membership \$35 (1YEAR) \$70 (2 YEAR)

ASSIGN MY MEMBERSHIP TO H2U AT:

NATIONAL H2U



New Member

FIRST NAME MIDDLE INITIAL LAST NAME

ADDRESS

CITY STATE ZIP CODE

(____) _____ - _____
HOME PHONE

(____) _____ - _____
CELL PHONE

E-MAIL ADDRESS

Male Female

____ - ____ - ____
DATE OF BIRTH

Marital status: Single Married Widowed

LAST 4 DIGITS OF SSN

Have you ever been a patient at the hospital that sponsors this H2U program? Yes No

Do you have a physician to care for your routine healthcare needs? Yes No

Second Member in Same Household

FIRST NAME MIDDLE INITIAL LAST NAME

E-MAIL ADDRESS

(____) _____ - _____

CELL PHONE

Male Female

____ - ____ - ____
DATE OF BIRTH

Marital status:

Single Married Widowed

LAST 4 DIGITS OF SSN

Have you ever been a patient at the hospital that sponsors this H2U program? Yes No

Do you have a physician to care for your routine healthcare needs? Yes No

Health Interests

How did you hear about H2U?

- Friend/current member www.h2u.com
- Sponsoring hospital Physician's office
- Seminar/speaker/event Health fair
- Newspaper Mail

I am joining H2U for (PLEASE CHECK ALL THAT APPLY):

- Discounts Health information
- Online health tools Social activities
- Member hospital privileges Health screenings

I am interested in (PLEASE CHECK ALL THAT APPLY):

- Heart & vascular health Bone & joint care
- Women's health Men's health
- Cancer prevention Fitness & healthy lifestyles
- Weight management & nutrition

Payment

Check or money order (PLEASE MAKE CHECKS PAYABLE TO H2U)

American Express Visa

MasterCard Discover

____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____
ACCOUNT NUMBER

____ - ____ - ____
EXPIRATION DATE

SIGNATURE DATE

PRINT NAME

Gift Information

Is this a gift? Yes No

If so, would you like to have a gift card sent in your name?

Yes No

Who should receive renewal notices?

New Member Gift Giver

NAME OF GIFT GIVER

ADDRESS OF GIFT GIVER

CITY STATE ZIP CODE

To Enroll

Mail in this form to P.O. Box 1300, Nashville, TN 37202-1300, or:

> Call 800-771-0428 to charge by phone

> Return to your local H2U affiliate

> Log on to www.h2u.com

MEMBERSHIPS ARE NON-REFUNDABLE, NON-TRANSFERABLE, AND PRIVILEGES ARE SUBJECT TO CHANGE WITHOUT NOTICE.