h2u HEALTH TO YOU BECOME A MEMBER

Enrollment Options

__-__-__ ❍ NEW MEMBER ❍ RENEWAL

TODAY'S DATE

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

GRAYSON PRIMARY CARE

Eastside MEDICAL CENTER

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.

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