



# BECOME A MEMBER

## Enrollment Options

\_\_\_\_ - \_\_\_\_ - \_\_\_\_     NEW MEMBER     RENEWAL

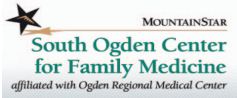
TODAY'S DATE

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



## 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    DATE OF BIRTH

Male     Female

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.