



## 12U BECOME A MEMBER

## **Enrollment Options** O NEW MEMBER O RENEWAL TODAY'S DATE Membership type: (PLEASE CHECK ONE) Single membership O \$20 (1YEAR) O \$35 (2 YEAR) Household membership O \$35 (1YEAR) O \$70 (2 YEAR) O NATIONAL H2U ASSIGN MY MEMBERSHIP TO H2U AT: GRAYSON PRIMARY CARE New Member FIRST NAME MIDDLE INITIAL LAST NAME ADDRESS CITY STATE ZIP CODE HOME PHONE **CELL PHONE** E-MAIL ADDRESS O Male O Female DATE OF BIRTH Marital status: O Single O Married O Widowed LAST 4 DIGITS OF SSN

Have you ever been a patient at the hospital that

Do you have a physician to care for your routine

O No

O No

O Yes

sponsors this H2U program?

healthcare needs?

Second Member in Same	Household	
		_
FIRST NAME MIDDLE INITIAL	LAST NAME	
E-MAIL ADDRESS		-
()		
O Male O Female		
Marital status:	DATE OF BIRTH	•
O Single O Married O Widowed		_
3	LAST 4 DIGITS OF SSN	٧
Have you ever been a patient at the h		
sponsors this H2U program?	O Yes O No	
Do you have a physician to care for yo		
healthcare needs?	O Yes O No	
Health Interests		
How did you hear about H2U?		
O Friend/current member	O www.h2u.com	
O Sponsoring hospital	O Physician's office	
O Seminar/speaker/event	O Health fair	
O Newspaper	O Mail	
I am joining H2U for (PLEASE CHECK ALL	THAT APPLY):	
O Discounts	O Health information	1
O Online health tools	nline health tools O Social activities	
O Member hospital privileges	O Health screenings	
I am interested in (PLEASE CHECK ALL THA	T APPLY):	
O Heart & vascular health	O Bone & joint care	
O Women's health	O Men's health	
O Cancer prevention	O Fitness & healthy	
O Weight management & nutrition	lifestyles	

Payment		
O Check or money or	der (Please make Checks Paya	ABLE TO H2U)
O American Express	O Visa	
O MasterCard	O Discover	
<del>-</del>		
ACCOUNT NUMBER		
EXPIRATION DATE		
SIGNATURE	DA	TE
PRINT NAME		
Gift Informatio	n	
Is this a gift?	O Yes	O No
If so, would you like to	have a gift card sent in you	ur name?
	O Yes	O No
Who should receive re	newal notices?	
	O New Member	O 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.