



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

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.