



Before



After



BECOME A MEMBER

and *Share the Health with Hannah Curlee*

~ Hannah Curlee H2U Director of Health Engagement and Season 11 Finalist of "The Biggest Loser"

Enrollment Options

____ - ____ - ____

TODAY'S DATE

NEW MEMBER RENEWAL

Membership type: (PLEASE CHECK ONE)

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

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

ASSIGN MY MEMBERSHIP TO H2U AT: **08502** 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. WITH THE SUBMISSION OF MY MEMBERSHIP APPLICATION, I UNDERSTAND THAT \$6.00 OF MY ANNUAL MEMBERSHIP FEE CONTRIBUTES TO THE HEALTH TO YOU MAGAZINE SUBSCRIPTION.