

Membership Information

Member Name _____ Spouse Name _____

Address _____

City/State/Zip _____/_____/_____

Phone (home) _____ (work) _____

(cell) _____ Best #/time to call _____

Email Address _____

Do you wish to receive any of the following e-mail/Newsletters from us?

Healthy News You Can Use _____ Wellness Forum Update _____

How did you hear about the Wellness Forum? _____

What health questions do you have/issues do you wish to improve? _____

Payment: check/credit card/cash (circle one)

Card Number _____

Expiration Date _____ 3 digit code _____

** If the card is an American Express it is a 4 digit code and it is found on the top right hand side on the front of the card.*

Signature: _____

To join, complete this application fax to 614 841-7703
For more information and **membership prices** call 614 841-7700.