

Effective Date: _____

Primary Member Name: _____

Contact Name: _____

(If Different from Primary Name)

Street Address _____

Billing Address (If different from Street Address) _____

City _____ State _____ Zip _____

Phone: () _____ Fax: () _____

E-Mail: _____ ALT Ph: () _____

MEMBERS:

Primary Adult Name	Male ___ Female ___	Birthdate: _____	45 <input type="checkbox"/> 55 <input type="checkbox"/>
Adult 2 Name	Male ___ Female ___	Birthdate: _____	45 <input type="checkbox"/> 55 <input type="checkbox"/>
Adult 3 Name	Male ___ Female ___	Birthdate: _____	40 <input type="checkbox"/> 50 <input type="checkbox"/>
Adult 4 Name	Male ___ Female ___	Birthdate: _____	40 <input type="checkbox"/> 50 <input type="checkbox"/>
Adult 5 Name	Male ___ Female ___	Birthdate: _____	40 <input type="checkbox"/> 50 <input type="checkbox"/>
Adult 6 Name	Male ___ Female ___	Birthdate: _____	40 <input type="checkbox"/> 50 <input type="checkbox"/>
Children 1 - 18 years	Male ___ Female ___	Birthdate: _____	30 <input type="checkbox"/> 40 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	30 <input type="checkbox"/> 40 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	30 <input type="checkbox"/> 40 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	30 <input type="checkbox"/> 40 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	30 <input type="checkbox"/> 40 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	30 <input type="checkbox"/> 40 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	30 <input type="checkbox"/> 40 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	30 <input type="checkbox"/> 40 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	30 <input type="checkbox"/> 40 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	30 <input type="checkbox"/> 40 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	30 <input type="checkbox"/> 40 <input type="checkbox"/>

Total number of enrollees _____

Totals Monthly \$ _____

Authorized Signature _____