

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:**

<b>Primary Adult Name</b>	Male ___ Female ___	Birthdate: _____	50 <input type="checkbox"/> 70 <input type="checkbox"/>
Adult 2 Name	Male ___ Female ___	Birthdate: _____	50 <input type="checkbox"/> 70 <input type="checkbox"/>
Adult 3 Name	Male ___ Female ___	Birthdate: _____	40 <input type="checkbox"/> 60 <input type="checkbox"/>
Adult 4 Name	Male ___ Female ___	Birthdate: _____	40 <input type="checkbox"/> 60 <input type="checkbox"/>
Adult 5 Name	Male ___ Female ___	Birthdate: _____	40 <input type="checkbox"/> 60 <input type="checkbox"/>
Adult 6 Name	Male ___ Female ___	Birthdate: _____	40 <input type="checkbox"/> 60 <input type="checkbox"/>
<b>Children 1 - 18 years</b>	Male ___ Female ___	Birthdate: _____	35 <input type="checkbox"/> 45 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	35 <input type="checkbox"/> 45 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	35 <input type="checkbox"/> 45 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	35 <input type="checkbox"/> 45 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	35 <input type="checkbox"/> 45 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	35 <input type="checkbox"/> 45 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	35 <input type="checkbox"/> 45 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	35 <input type="checkbox"/> 45 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	35 <input type="checkbox"/> 45 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	35 <input type="checkbox"/> 45 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	35 <input type="checkbox"/> 45 <input type="checkbox"/>
Child Name: _____	Male ___ Female ___	Birthdate: _____	35 <input type="checkbox"/> 45 <input type="checkbox"/>

Total number of enrollees \_\_\_\_\_

Totals Monthly \$ \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature