

# Golden Opportunity Membership Registration Form (Kenner)

Join Date:

Database Entry:

I am enclosing membership fee(s):

New Member: \$25       Spouse and Member: \$40       Annual Renewal: \$10/ member

## 1. Applicant Information:

Mr.    Mrs.    Ms.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Ochsner Medical Record # \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\*Do you prefer receiving newsletters via email?      YES      NO

Home Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## 2. In Case of an Emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell or Home? (Circle one)

**Return completed application and fee (check payable to Golden Opportunity- K)**

Golden Opportunity  
180 W. Esplanade Ave.  
Kenner, LA 70068

Questions???? Please call (504-464-2974) or email (ann.laiche@ochsner.org)

OHS may discontinue membership benefits at any time.

May 2015



www.ochsner.org | 1.866.OCHSNER

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### 3. Co-Applicant:

Mr.  Mrs.  Ms.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Ochsner Medical Record # \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\*Do you prefer receiving newsletters via email? YES NO

Home Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### 4. In Case of an Emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell or Home? (Circle one)

### 5. Suggestions or Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 6. How did you hear about Golden Opportunity?

\_\_\_\_\_

\_\_\_\_\_

