

Golden Opportunity Membership Registration Form (Main Campus)

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|-----------------|
| 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-MC)

Golden Opportunity
1401 Jefferson Hwy.
New Orleans, LA 70121

Questions???? Please call 504-842-7000 or email chehebert@ochsner.org

OHS may discontinue membership benefits at any time.

May 2015



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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?

