

# Golden Opportunity Membership Registration Form (North Shore)

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 NS)

Golden Opportunity  
1000 Ochsner Boulevard  
Covington, LA 70433

Questions???? Please call 985-875-2799 or email [ctrew@ochsner.org](mailto:ctrew@ochsner.org)

WEBSITE: [ochsner.org/go](http://ochsner.org/go)

OHS may discontinue membership benefits at any time.

May 2015



[www.ochsner.org](http://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?

\_\_\_\_\_

\_\_\_\_\_

