



# become a member

Yes. I'd like to join H2U and begin accessing these national and local benefits.

## new member

DATE: / /

FIRST NAME  MIDDLE INITIAL

LAST NAME

ADDRESS

CITY  STATE  ZIP CODE

PHONE -  LAST 4 DIGITS OF SSN

DATE OF BIRTH / /   Male  Female

E-MAIL ADDRESS

Marital status (check one):  
 Single  Married  Widowed

How did you hear about H2U?  
 Friend/current member  www.h2u.com  
 Sponsoring hospital  Physician's office  
 Seminar/speaker/event  Health fair  
 Newspaper  Mail

I am joining H2U for:  
 Discounts  Health information  
 Online health tools  Social activities  
 Member hospital privileges  Health screenings  
 Other:

## health interests

Have you ever been a patient at the hospital that sponsors this H2U program?  Yes  No

Do you have a physician to care for your routine healthcare needs?  Yes  No

The following health topics would interest me:

Please check all that apply

- Heart & vascular health
- Women's health
- Caregiving
- Health screenings
- Cancer prevention
- Cancer detection & treatment
- Bone & joint care
- Men's health
- Wound care
- Immunizations
- Healthy lifestyles
- Family health
- Obesity
- Orthopedics
- Cardiac services
- Neurology
- Sleep disorders
- Pulmonary rehab
- Heartburn-reflux
- Pediatric service
- Nutrition
- Pain management
- Open heart surgery

## enrollment options

- New member
  - Renewal
  - One-year membership per person \$ 20 (LOC1)
  - Two-year membership per person \$ 35 (LOC2)
  - One-year membership for two-person household\* \$ 35 (LOC3)
- \*Please attach application for second member.**

Assign my membership to H2U at:  
 National H2U  
 Hospital name:

## payment

- Check or money order (Make checks payable to H2U)
- American Express  MasterCard  Visa

ACCOUNT NUMBER

EXPIRATION DATE

SIGNATURE  DATE

PRINT NAME

## gift information

- Is this a gift?  Yes  No
- If so, would you like to have a gift card sent in your name?  
 Yes  No
- Who should receive renewal notices?  
 New Member  Gift Giver

NAME OF GIFT GIVER

ADDRESS OF GIFT GIVER

CITY  STATE  ZIP CODE

## to enroll

Enrolling in H2U is easy. Choose one of the following:

- > Mail this form to: H2U Membership Center  
P.O. Box 1300  
Nashville, TN 37202-9954
- > Call 800-771-0428 to charge by phone
- > Forward this form to your local H2U affiliate
- > Log on to www.h2u.com

MEMBERSHIPS ARE NON-REFUNDABLE, NON-TRANSFERABLE, AND PRIVILEGES ARE SUBJECT TO CHANGE WITHOUT NOTICE.