

Wellness Forum Health

Membership Application Form

Fax: 614 841 7703

You will be contacted to confirm receipt of fax

Primary First and Last Name: _____ Spouse (if applicable) _____

Address: _____

City/State/Zip: _____/_____/_____

Home Phone: () _____ Cell: () _____

If you do not already, you will begin to receive Wellness Forum Health email newsletters and video clips weekly

Email Address: _____

How did you hear about Wellness Forum Health?

Membership type (check one):

_____ Basic \$99 _____ Family \$129 _____ *Professional \$320

** Note: professional membership is for licensed healthcare providers. Please submit a copy of your license along with your enrollment form.*

Payment: Visa Mastercard Discover Amex

Card Number: _____

Expiration Date: _____ 3 digit code (found on the back of the card, last 3 digits): _____

* American Express has a 4 digit code found on the top right of the card _____

Signature: _____