

# Membership Enrollment Form

New Member  Renewal  Gift (complete both forms)

## Membership Level:

- \$120 Family Plus  
 \$75 Family or Grandparent  
 \$30 Individual  
 Caregiver Benefit (add a caregiver to your Family membership for \$15)

Memberships at the Family or Grandparent level and Family Plus level include up to two membership cards. Membership cards are for the member's use only.

Please print names as you would like them to appear on the cards.

## Member Information:

Mr.  Mrs.  Dr.  Ms.  Miss  Other \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Second Adult:

Mr.  Mrs.  Dr.  Ms.  Miss  Other \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Children Under 19:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Caregiver Name \_\_\_\_\_

## Payment Method

- Cash  Check (payable to The Health Adventure)  
 Visa  MasterCard

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

Name on card \_\_\_\_\_

If this is a Gift Membership, please complete the information below.

## This is a Gift Membership FROM:

Mr.  Mrs.  Dr.  Ms.  Miss  Other \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## Send Membership Packet to:

- Me  Gift Recipient

## Send Annual Membership Renewal Notice to:

- Gift Recipient  Me

Would you like to receive The Health Adventure's monthly e-newsletter? (We respect your privacy and will not share your information with other parties)  Yes  No

Please return completed form and payment to The Health Adventure or mail to:

Attn: Director of Membership  
PO Box 180  
Asheville, NC 28802-0180