

GROUND *Gold*

Membership Enrollment Form

Type of Membership Requested: New Renewal Gift

_____ One Year \$55

_____ Two Years \$105

Insured Applicant: _____

DOB: _____ SSN#: _____

Insurance Name: _____

Group#: _____ Ins. Phone: _____

Home Mailing Address: _____

City/State/Zip: _____

Home Phone: _____

Dependent Family Members:

Name	DOB	Relationship
------	-----	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

You may pay by *check, money order or

Credit Card: _____ Visa _____ Mastercard

Credit Card#: _____

Exp. Date: ____/____/____

Signature: _____

*Please make checks payable to: Humboldt General Hospital. Membership begins upon receipt of funds and expires one year from activation date. Please attach copies of current insurance cards. Send Membership Enrollment Form and signed Membership Agreement to: Humboldt General Hospital, c/o HGH EMS Rescue, 118 E. Haskell Street, Winnemucca, Nevada 89445.

(P) 775.623.5222, ext. 1360