

At **JACKSON HOSPITAL**, we value our community and are proud to offer a program dedicated to healthy living. We would like to take this opportunity to invite you to join our exciting and rewarding program. Please complete and return the form below. Call 334-293-8961 for additional information. The My Hospital Card is open to all ages for an annual enrollment fee of \$20 per person or \$35 per couple.

Primary Member	Secondary Member (Same Household)
First Name: MI:	First Name: MI:
_ast Name:	
Email:	
Date of Birth://	Date of Birth:///
Gender: 🗅 Male 🗅 Female	Gender: □ Male □ Female
Street Address:	How did you hear about this program?
Apt	_ 🔲 Newspaper 🚨 Postcard 🚨 Web 🚨 Health fair
City:	□ Brochure □ Friend □ Radio □ Other
State: Zip Code	
Phone Number:	
☐ Check enclosed ☐ Charge my credit card	☐ Allergies & Asthma ☐ Diabetes ☐ Nutrition & Fitness
Card Number:	☐ Arthritis ☐ Health news ☐ Women's health
Expiration Date:	
Name on Card:	
Signature:	
Dilama mambar of the Jackson Hamital Foundation	My Hospital Card Jackson Hospital
☐ I am a member of the Jackson Hospital Foundation Touchstone Society	1725 Pine Street

Montgomery, AL 36106