



Membership Form

please print clearly

First Name _____

Last Name _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

Date of Birth _____

Social Security # (optional) _____

Choose a Password _____

(the password you will use to gain access to your account and redeem points)

Please print out this membership form and mail along with your one-time \$10 registration fee to:

Get Healthy Pensacola!
903 West Moreno Street
Pensacola, FL 32501

(please make checks payable to Baptist Health Care)