



Membership Form

please print clearly

First Name

Last Name

Address

City, State, Zip

Phone Number

Email Address

Date of Birth

Choose a Password

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

Please print out this membership form and mail along with your \$90 registration fee to:

Get Healthy Pensacola!
1300 West Moreno Street
Pensacola, FL 32501

(please make checks payable to Baptist Health Care)