



Golden Opportunity Membership Application

I am enclosing membership fee(s): ☐ New Member: \$30 ☐ Spouse/Partner: \$50

Applicant Information: ☐ Mr. ☐ Mrs. ☐ Ms.

First Name Middle Name Last Name Nick Name

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Ochsner Medical Record # _____

E-Mail Address: _____

Cell Number: () _____ Home Number: () _____

Are you a "MyOchsner" user (Circle One): Yes or No

Are you a Veteran of the Armed Forces (Circle One): Yes or No Branch of Service: _____

Preferred Contact Method (Circle One): Text Email U.S. Postal Service

How would you like to receive your monthly calendar (Circle One): Email U.S. Postal Service

In Case of an Emergency:

Name: _____ Relationship: _____

Phone Number: () _____ Cell or Home? (Circle one)

How did you hear about Golden Opportunity? _____

If you were referred, please tell us by who? _____

I would like to refer: _____

Cell Number: () _____ Home Number: () _____

GO Community Cloud is a website designed to allow members to view events and activities and to pay on-line using your active email address. This is an optional resource, ask your GO Coordinator for details.

Return completed application and fee (check payable to Golden Opportunity)

**Golden Opportunity
15330 Randi Ct.
Prairieville, LA 70769**

Call (225) 236-5496 or email goldenopportunity@ochsner.org for additional information.

OHS may discontinue membership benefits at any time.

Revised 04/05/23



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Co-Applicant:

() Mr. () Mrs. () Ms.

First Name Middle Name Last Name Nick Name

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Ochsner Medical Record # _____

E-Mail Address: _____

Cell Number: (_____) _____ Home Number: (_____) _____

Are you a "MyOchsner" user? Yes or No

Are you a Veteran of the Armed Forces (Circle One): Yes or No Branch of Service: _____

Preferred Contact Method (Circle One): Text Email U.S. Postal Service

How would you like to receive your monthly calendar (Circle One): Email U.S. Postal Service

In Case of an Emergency:

Name: _____ Relationship: _____

Phone Number: (_____) _____ Cell or Home? (Circle one)

For Office Use Only

Join Date: _____

SF Entry Date: _____

Primary Applicant Chargent Number: _____

Check #: _____ CC _____ Cash _____

Co-Applicant Chargent Number: _____

Check #: _____ CC _____ Cash _____

HIPAA: _____ Yes _____ No _____ Declined

New Member Packet Mailed: _____