

# Golden Opportunity Membership Application Form (Baton Rouge)

I am enclosing membership fee(s):

New Member: \$25       Spouse/Partner: \$40       Annual Renewal: \$15/member

## 1. Applicant Information:

Mr.    Mrs.    Ms.

First Name                      Middle Name                      Last Name                      Nick Name

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Ochsner Medical Record # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**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. Go to: <http://ochsner.force.com/goldenopportunity>.**

Cell Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

## 2. 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 \_\_\_\_\_

Have you ever been an Ochsner patient?   Yes   or   No

Are you a "My Ochsner" user?   Yes   or   No

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

Golden Opportunity  
17000 Medical Center Drive  
Baton Rouge LA 70816

Questions? Please call 225-755-4984  
or email [cwilks@ochsner.org](mailto:cwilks@ochsner.org)

OHS may discontinue membership benefits at any time.



# Golden Opportunity Membership

### 3. Co-Applicant:

Mr.  Mrs.  Ms.

\_\_\_\_\_  
First Name                      Middle Name                      Last Name                      Nick Name

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Ochsner Medical Record # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

### 4. In Case of an Emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell or Home? (Circle one)

**For Office Use Only**

Join Date: \_\_\_\_\_ SF Entry: \_\_\_\_\_

Check #: \_\_\_\_\_ CC \_\_\_\_\_ Cash \_\_\_\_\_

Chargent Order Number: \_\_\_\_\_

HIPAA: Yes      No      Declined

Effective 11/01/19

