

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

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)

<p><u>For Office Use Only</u></p> <p>Join Date: _____ SF Entry: _____</p> <p>Check #: _____ CC _____ Cash _____</p> <p>Chargent Order Number: _____</p> <p>HIPAA: ___Yes ___No ___Declined</p> <p>Covid Vaccination Proof: ___Yes ___No</p>
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Effective 1/1/21

