

Golden Opportunity Membership Application Form Baton Rouge

Join Date:
Database Entry:

I am enclosing membership fee(s):

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

1. Applicant Information:

Mr. Mrs. Ms.

First Name Middle Name Last Name Nick Name

Date of Birth _____ Ochsner Medical Record # _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address _____

GO Community Cloud is a website designed to allow members to view events and activities and to pay on-line. Go to: <http://Ochsner.force.com>. A GO representative will contact you to set up your account.

Home Number: () - _____

Cell Number: () - _____

How did you hear about Golden Opportunity? _____

2. In Case of an Emergency:

Name: _____ Relationship: _____

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

Return completed application and fee
(check payable to Golden Opportunity-Baton Rouge)
Golden Opportunity Baton Rouge
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 _____

Date of Birth _____ Ochsner Medical Record # _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address _____

*Do you prefer receiving newsletters via email? YES NO

Home Number: (____) _____ - _____

Cell Number: (____) _____ - _____

4. In Case of an Emergency:

Name: _____ Relationship: _____

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

