

# Golden Opportunity Membership Application Form North Shore

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-Northshore)  
Golden Opportunity North Shore  
1000 Ochsner Blvd  
Covington, LA 70433

Questions???? Please call (985) 875-2799  
or email [ctrew@ochsner.org](mailto:ctrew@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)

