

Golden Opportunity Membership Application Form (West Bank)

Data Base Entry Date: _____: Entered by: _____:

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 _____

*Do you prefer receiving newsletters via email? YES NO

Home Number: (____) _____ - _____

Cell Number: (____) _____ - _____

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 WB)

Golden Opportunity
4225 Lapalco Blvd.
Marrero, LA 70072-4338

Questions, Suggestions or Comments: Please call (504-371-6541)

Fax (504-371-6570) or email (Alicjones@ochsner.org)

OHS may discontinue membership benefits at any time.

JUNE 2018



www.ochsner.org | 1.866.OCHSNER

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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)

5. Suggestions or Comments: _____

6. How did you hear about Golden Opportunity?

