



WW Staff _____
Referred by WW Member _____

ENROLLMENT FORM - NEW MEMBER

Wise & Well Center for Healthy Living

Today's Date: _____ **Tour Y N** Date of Tour: _____

First Name _____ Last Name _____

Street Address _____ Apt/Unit _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

DOB ____ - ____ - ____ Gender ____ Email _____

Contact Preference (circle one): Home Ph. Cell Ph. Email

Emergency Contact #1 (required)

Full Name _____ Relationship _____

Phone _____ Email _____

Emergency Contact #2 (optional)

Full Name _____ Relationship _____

Phone _____ Email _____

Option I Wise & Well Annual Membership: \$60

Option II Wise & Well Membership (includes AIM Membership): \$70

Option III Premier Wise & Well Community for Life Membership: Please connect with one of our membership associates today for detailed information, 410-662-4363

Enclosed Amount \$ _____

Cash Check #: _____ Credit Card

Card Number _____ (or call 410-662-4363)

Expiration Date ____ - ____ - ____ CVV _____ Billing ZIP _____

See Back of Form for Mailing Instructions and General Term and Conditions

Make Checks Payable to “Keswick Community Health” - Mail or Drop Off Completed Form to:

Keswick Community Health
700 West 40th Street
Baltimore, MD 21211
Attention: Membership & Registration

General Terms and Conditions

- Full payment is due at time of registration to allow your participation in member rate classes
- Center membership **MUST** be current throughout the duration of the workshops, programs and/or courses for which you are registered
- Participation at the Wise & Well Center grants your permission to be featured in photography/videos for publicity purposes
- Membership is valid for 12 months from date of signed agreement and payment
- Membership fees are non-refundable and non-transferable
- Submission of this information is voluntary and will not affect your membership in any way
- All personal information will be kept confidential, and any reporting of the information will not identify any specific individuals

Signature _____ **Date** _____

Should you have any questions regarding membership at Keswick’s Wise & Well Center for Healthy Living, please contact our Membership Team at:

410-662-4363

or

communityhealth@choosekeswick.org

**Wise & Well Center for Healthy Living at Keswick
700 W. 40th Street
Baltimore, Maryland 21211**

LIVE WELL ● AGE WELL ● BE WELL

Wise & Well STAFF USE ONLY:

Membership Effective: _____ **Expires:** _____

Member #: _____ **Salsa:** _____ **Aperio:** _____