



MEMBERSHIP - ANNUAL RENEWAL

Renewing from _____ **to** _____

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____

Cell 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 _____

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

Wise & Well STAFF USE ONLY:

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