

## MEMBERSHIP - ANNUAL RENEWAL

### Wise & Well Center for Healthy Living

**Effective Date for Renewal** \_\_\_\_\_ **to** \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email for Confirmation \_\_\_\_\_

**Wise & Well Annual Renewal Amount \$60.00 Enclosed Amount \$** \_\_\_\_\_

#### **Form of payment:**

Cash  Check  CK #: \_\_\_\_\_ Visa  MasterCard  Discover  Amex

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_ Billing Zip \_\_\_\_\_

#### **Make Checks Payable to Keswick Community Health – Mail or Drop Off Completed Form to:**

Keswick Community Health

700 West 40<sup>th</sup> Street

Baltimore, MD 21211

Attention: Membership & Registration

#### **General Terms and Conditions**

- Full payment is due at time of registration and to participate in member rate classes
- Center membership MUST be current throughout the duration of the workshop/program/course dates
- Enrollment in classes at the Wise & Well Center has permission to use photography/videos for publicity purposes
- The 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 information will be kept confidential and any reporting of the information will not identify any specific individual

**Renewal Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Wise & Well STAFF ONLY:** Membership Effective \_\_\_\_\_ Expires \_\_\_\_\_  
 Member# \_\_\_\_\_ CRM \_\_\_\_\_ Aperio \_\_\_\_\_ Staff \_\_\_\_\_ Date \_\_\_\_\_