



WW Member Associate _____
Referred by WW Member _____

ENROLLMENT FORM - NEW MEMBER

Wise & Well Center for Healthy Living

Date: _____ **Tour Y N** Date Tour: _____

First Name _____ Last Name _____

Street Address _____ Apt/Unit _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

DOB ____ - ____ - ____ Gender ____ Email _____

Contact Preference: Home Cell Email Mail (*circle one*) NO Preference Check Here

Emergency Contact #1 (required)

Full Name _____ Relationship _____

Phone _____ Email _____

Emergency Contact #2 (not required)

Full Name _____ Relationship _____

Phone _____ Email _____

Current AIM Member YES NO

Wise & Well Annual Membership Amount \$60.00

Enclosed Amount \$ _____ **Notes Special Instructions:** _____

Cash Check CK #: _____ Visa MasterCard Discover Amex

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

Expiration Date _____ CVV _____ Billing Zip _____

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

WW Member Associate _____
Referred by WW Member _____

Make Checks Payable to Keswick Community Health - Mail 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 and to participate in member rate classes
- Center membership MUST be current throughout the duration of the workshop, program and or course dates you have registered
- 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

Signature _____ Date _____

Should you have any questions regarding Membership at Keswick Community Health Wise & Well Center for Healthy Living, please do not hesitate to contact our Membership Team:

- Phone 410-662-4363
- Email 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 ONLY: Membership Effective Expires

Member # CRM Aperió Staff Date
