

Membership Application



Print this page and mail with payment to:
East Houston Regional Medical Center
Attention: H2U Advisor (Linda Meyer)
13111 East Freeway
Houston, Texas 77015

Or pay by Visa or MasterCard by calling
 1-800-771-0428.

	ONE MEMBER		AMOUNT ENCLOSED
ONE YEAR	\$15.00		
TWO YEARS	\$30.00		
			\$ <input style="width: 100px; height: 20px;" type="text"/>

FIRST NAME	MIDDLE INITIAL	LAST NAME	
STREET ADDRESS INCLUDING UNIT NUMBER IF APPLICABLE			
CITY	STATE	ZIP CODE	
PHONE NUMBER ()	EMAIL ADDRESS	GENDER M F	DATE OF BIRTH
PREFERRED CHAPTER* East Houston Regional Medical Center	*PREFERRED CHAPTER (See a complete list of chapters on our web site, www.h2u.com or call 1-800-771-0428 for more information.) If no chapter is listed, you will be assigned to the national chapter or the chapter nearest you.		

If there is a second member at your same address who wishes to join H2U, please enter the name below.

FIRST NAME of second member	MIDDLE INITIAL	LAST NAME	
EMAIL ADDRESS	GENDER M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH	

If this membership is a gift, enter gift giver's name and address below.

NAME OF GIVER	WOULD YOU LIKE A GIFT CARD SENT?
GIVER'S ADDRESS	GIVER'S CITY, STATE AND ZIP

OFFICE USE: Source Code:	HW1	HW2	HW3	HW4
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