



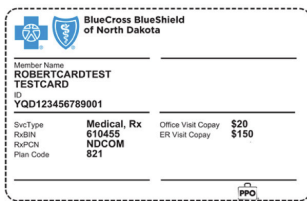
Enrollment Form

Please complete and return to your health club.

IMPORTANT: A photocopy of the Blue Cross Blue Shield North Dakota (BCBSND) ID card is required with this enrollment form. If at any time your BCBSND card information changes, please update the fitness center to ensure credit application.

BCBSND Health Plan Member Card

BCBSND Non-Health Plan Member Card



Member Information			
Member Name <input type="checkbox"/> Subscriber <input type="checkbox"/> Spouse			
Health Plan ID Number OR Wellness ID Number			
Date of Birth (mm/dd/yyyy)		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address			
City		State	ZIP
Email		Home Phone	Work Phone
For Fitness Center Use ONLY			
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Insurance/Employer Info <input type="checkbox"/> Change in Bank Account Info			
Fitness Center Name			Club Number
Fitness Center Member			Monthly Average Dues

