



A Free Membership Program for Adults 18 and over

Wellness Connection Membership Application

(Please print clearly)

Member Name _____

Mailing Address _____

City _____ State _____ Zip _____

Female Male Date of Birth _____

Primary Telephone Number (____) _____

E-mail Address _____

How did you hear about Wellness Connection?

- Newspaper Brochure Direct Mail Radio Television Magazine
- Hospital Staff Wellness Connection Newsletter Wellness Connection Seminar
- Other _____

Primary Care Physician _____

Would you like assistance finding a physician? Yes No

Signature of Applicant _____ Date _____

Additional household member/spouse

(Please print clearly)

Member Name _____

Female Male Date of Birth _____

E-mail Address _____

How did you hear about Wellness Connection? _____

- Newspaper Brochure Direct Mail Radio Television Magazine
- Hospital Staff Wellness Connection Newsletter Wellness Connection Seminar
- Other _____

Primary Care Physician _____

Would you like assistance finding a physician? Yes No

Signature of Applicant _____ Date _____

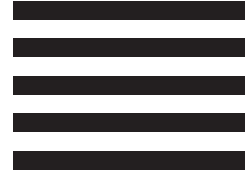


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NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 371 PENSACOLA, FL

POSTAGE WILL BE PAID BY ADDRESSEE

WELLNESS CONNECTION
POST OFFICE BOX 17500
BAPTIST HEALTH CARE
PENSACOLA FL 32522-9986



A Membership Program *for Adults 18 and over*

Baptist Health Care is committed to helping
improve the quality of life for members of our community.

As a Wellness Connection member, you'll receive these valuable benefits free of charge:

- **Monthly educational seminars** at Baptist Health Care locations:
 - Baptist Hospital
 - Andrews Institute
 - Baptist Medical Park – Nine Mile
- **Free ScriptSave prescription discount card**
- **Complimentary meal voucher** for spouse/caregiver when hospitalized for members 50 and over

