



FOR OFFICE USE ONLY:	
Hint	_____
ECW	_____
Paperwork	_____
Portal	_____

MEMBERSHIP APPLICATION FORM

Location: <input type="checkbox"/> Grand Rapids <input type="checkbox"/> Newaygo	Race: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Decline to Specify
---	---

Legal First Name/MI:	Last Name:	Preferred Name:
-----------------------------	-------------------	------------------------

Current address:

City:	State:	ZIP Code:
--------------	---------------	------------------

Date of Birth:	Phone:	Email:
-----------------------	---------------	---------------

REGISTRATION TYPE

Individual
 Couple
 Family
 College Student
 Senior (65+)

SPOUSE INFORMATION

Legal First Name/MI:	Last Name:	Preferred Name:
-----------------------------	-------------------	------------------------

Date of Birth:	Phone:	Email:
-----------------------	---------------	---------------

Race: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Decline to Specify	Primary Language:
---	--------------------------

EMPLOYMENT INFORMATION

Current employer:	Position:
-------------------	-----------

Employer address:	How long?
-------------------	-----------

City:	State:	ZIP Code:
-------	--------	-----------

Phone:	Email:
--------	--------

INSURANCE / MEDICAL EXPENSE SHARING MINISTRY

<input type="checkbox"/> Samaritan Ministries Member	Membership Number:
--	--------------------

<input type="checkbox"/> Other Medical Expense Sharing Ministry	Name of Ministry:	Membership Number:
---	-------------------	--------------------

<input type="checkbox"/> Insurance Company:	Subscriber Number:	Group Number:
---	--------------------	---------------

SPOUSE EMPLOYMENT INFORMATION

Current employer:	Position:
-------------------	-----------

Employer address:	How long?
-------------------	-----------

City:	State:	ZIP Code:
-------	--------	-----------

Phone:	Email:
--------	--------

CHILDREN

Name	Birthdate	M	F	Name	Birthdate	M	F
------	-----------	---	---	------	-----------	---	---

Name	Birthdate	M	F	Name	Birthdate	M	F
------	-----------	---	---	------	-----------	---	---

Name	Birthdate	M	F	Name	Birthdate	M	F
------	-----------	---	---	------	-----------	---	---

Name	Birthdate	M	F	Name	Birthdate	M	F
------	-----------	---	---	------	-----------	---	---

COLLEGE INFORMATION

College Name:	Graduation Date:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Undergraduate
---------------	------------------	--

EMERGENCY CONTACT

Name of local friend or relative (not living at same address): _____

Phone: _____

Relationship: _____

REGULAR MEMBERCARE (5% discount when paying yearly fee)

SAMARITAN MINISTRY MEMBERS (10% discount monthly / 15% discount annually)

Individual Membership (19-64)	<input type="checkbox"/> \$85 monthly	<input type="checkbox"/> \$969 Year	SM Member	<input type="checkbox"/> \$76.50 monthly	<input type="checkbox"/> \$867 Year
Couple Membership	<input type="checkbox"/> \$170 monthly	<input type="checkbox"/> \$1938 Year	SM Member	<input type="checkbox"/> \$153 monthly	<input type="checkbox"/> \$1734 Year
Family Membership (Up to 4 members: 2 Adult, 2 Children Ages 2-18 years)	<input type="checkbox"/> \$200 monthly	<input type="checkbox"/> \$2280 Year	SM Member	<input type="checkbox"/> \$180 monthly	<input type="checkbox"/> \$2040 Year
Additional child (ages 2-18)	<input type="checkbox"/> \$215 monthly	<input type="checkbox"/> \$2451 Year	SM Member	<input type="checkbox"/> \$193.50 monthly	<input type="checkbox"/> \$2193 Year
Additional child (ages 2-18)	<input type="checkbox"/> \$230 monthly	<input type="checkbox"/> \$2622 Year	SM Member	<input type="checkbox"/> \$207 monthly	<input type="checkbox"/> \$2346 Year
Additional child (ages 2-18)	<input type="checkbox"/> \$245 monthly	<input type="checkbox"/> \$2793 Year	SM Member	<input type="checkbox"/> \$220.50 monthly	<input type="checkbox"/> \$2499 Year
Additional child (ages 2-18)	<input type="checkbox"/> \$260 monthly	<input type="checkbox"/> \$2964 Year	SM Member	<input type="checkbox"/> \$234 monthly	<input type="checkbox"/> \$2652 Year
Single Child (2-18 years)	<input type="checkbox"/> \$15 monthly	<input type="checkbox"/> \$171 Year	SM Member	<input type="checkbox"/> \$13.50 monthly	<input type="checkbox"/> \$153 Year
Infant (Newborn – 24 months)	<input type="checkbox"/> \$30 monthly	<input type="checkbox"/> \$342 Year	SM Member	<input type="checkbox"/> \$27 monthly	<input type="checkbox"/> \$306 Year
College Student (Full-Time Undergrad Only)	<input type="checkbox"/> \$35 monthly	<input type="checkbox"/> \$399 Year	SM Member	<input type="checkbox"/> \$31.50 monthly	<input type="checkbox"/> \$357 Year
Senior (65+)	<input type="checkbox"/> \$75 monthly	<input type="checkbox"/> \$855 Year	SM Member	<input type="checkbox"/> \$67.50 monthly	<input type="checkbox"/> \$765 Year
Senior Couple (65+)	<input type="checkbox"/> \$150 monthly	<input type="checkbox"/> \$1710 Year	SM Member	<input type="checkbox"/> \$135 monthly	<input type="checkbox"/> \$1530 Year

All children must have at least one adult membership to be eligible.

Subtotal Membership Fees \$ _____

REGISTRATION FEE

\$50 Individual \$75 Family

Registration Fee \$ _____

TOTAL: \$ _____

HOW DID YOU HEAR ABOUT US?

Social Media Website CHC Info Meeting Friend/Family Other Current CHC Member: (name)

PAYMENT INFORMATION

Checking / Savings Account

Name on Account _____

Bank Name _____

Routing # _____

Acct # _____

Credit Card

Cardholder Name _____

Acct # _____

Exp Date _____

CVV _____ Zip Code _____

I affirm that the information provided on this form is correct.

Signature of applicant: _____ **Date:** _____

Signature of spouse (only for joint membership): _____ **Date:** _____

I authorize Christian Healthcare Centers to send email or text which may include unencrypted protected health information.

PLEASE MAKE ALL CHECKS PAYABLE TO:

**Christian Healthcare Centers - 3322 Beltline Ct. NE, Grand Rapids, MI 49525
Phone: 616-226-2669 / Fax: 616-228-9357 / Email: info@chcenters.org**