



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

## MEMBERSHIP APPLICATION FORM

<b>Location:</b> <input type="checkbox"/> Grand Rapids <input type="checkbox"/> Newaygo	<b>Race:</b> <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
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<b>Legal First Name/MI:</b>	<b>Last Name:</b>	<b>Preferred Name:</b>
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**Current address:**

<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
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<b>Date of Birth:</b>	<b>Phone:</b>	<b>Email:</b>
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### REGISTRATION TYPE

Individual     
  Couple     
  Family     
  College Student     
  Senior (65+)

### SPOUSE INFORMATION

<b>Legal First Name/MI:</b>	<b>Last Name:</b>	<b>Preferred Name:</b>
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<b>Date of Birth:</b>	<b>Phone:</b>	<b>Email:</b>
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<b>Race:</b> <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	<b>Primary Language:</b>
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### EMPLOYMENT INFORMATION

Current employer:	Position:
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Employer address:	How long?
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City:	State:	ZIP Code:
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Phone:	Email:
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### INSURANCE / MEDICAL EXPENSE SHARING MINISTRY

<input type="checkbox"/> Samaritan Ministries Member	Membership Number:
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<input type="checkbox"/> Other Medical Expense Sharing Ministry	Name of Ministry:	Membership Number:
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<input type="checkbox"/> Insurance Company:	Subscriber Number:	Group Number:
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### SPOUSE EMPLOYMENT INFORMATION

Current employer:	Position:
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Employer address:	How long?
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City:	State:	ZIP Code:
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Phone:	Email:
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### CHILDREN

Name	Birthdate	M	F	Name	Birthdate	M	F
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Name	Birthdate	M	F	Name	Birthdate	M	F
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Name	Birthdate	M	F	Name	Birthdate	M	F
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Name	Birthdate	M	F	Name	Birthdate	M	F
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### COLLEGE INFORMATION

College Name:	Graduation Date:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Undergraduate
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## 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 (5% discount)

<b>Individual Membership</b> (19-64)	<input type="checkbox"/> \$90 monthly	<input type="checkbox"/> \$1026 Year	<b>SM Member</b>	<input type="checkbox"/> \$85.50 monthly	<input type="checkbox"/> \$1026 Year
<b>Couple Membership</b>	<input type="checkbox"/> \$180 monthly	<input type="checkbox"/> \$2052 Year	<b>SM Member</b>	<input type="checkbox"/> \$171 monthly	<input type="checkbox"/> \$2052 Year
<b>Family Membership</b> (Up to 4 members: 2 Adult, 2 Children Ages 2-18 years)	<input type="checkbox"/> \$220 monthly	<input type="checkbox"/> \$2508 Year	<b>SM Member</b>	<input type="checkbox"/> \$209 monthly	<input type="checkbox"/> \$2508 Year
<b>Additional child</b> (ages 2-18)	<input type="checkbox"/> \$240 monthly	<input type="checkbox"/> \$2736 Year	<b>SM Member</b>	<input type="checkbox"/> \$228 monthly	<input type="checkbox"/> \$2736 Year
<b>Additional child</b> (ages 2-18)	<input type="checkbox"/> \$260 monthly	<input type="checkbox"/> \$2964 Year	<b>SM Member</b>	<input type="checkbox"/> \$247 monthly	<input type="checkbox"/> \$2964 Year
<b>Additional child</b> (ages 2-18)	<input type="checkbox"/> \$280 monthly	<input type="checkbox"/> \$2964 Year	<b>SM Member</b>	<input type="checkbox"/> \$266 monthly	<input type="checkbox"/> \$2964 Year
<b>Additional child</b> (ages 2-18)	<input type="checkbox"/> \$300 monthly	<input type="checkbox"/> \$3420 Year	<b>SM Member</b>	<input type="checkbox"/> \$285 monthly	<input type="checkbox"/> \$3420 Year
<b>Single Child</b> (2-18 years)	<input type="checkbox"/> \$20 monthly	<input type="checkbox"/> \$228 Year	<b>SM Member</b>	<input type="checkbox"/> \$19.00 monthly	<input type="checkbox"/> \$228 Year
<b>Infant</b> (Newborn – 24 months)	<input type="checkbox"/> \$35 monthly	<input type="checkbox"/> \$399 Year	<b>SM Member</b>	<input type="checkbox"/> \$33.25 monthly	<input type="checkbox"/> \$399 Year
<b>College Student</b> (Full-Time Undergrad Only)	<input type="checkbox"/> \$40 monthly	<input type="checkbox"/> \$456 Year	<b>SM Member</b>	<input type="checkbox"/> \$38 monthly	<input type="checkbox"/> \$456 Year
<b>Senior</b> (65+)	<input type="checkbox"/> \$80 monthly	<input type="checkbox"/> \$912 Year	<b>SM Member</b>	<input type="checkbox"/> \$76.00 monthly	<input type="checkbox"/> \$912 Year
<b>Senior Couple</b> (65+)	<input type="checkbox"/> \$160 monthly	<input type="checkbox"/> \$1824 Year	<b>SM Member</b>	<input type="checkbox"/> \$152 monthly	<input type="checkbox"/> \$1824 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**