



**Yes! I want to be part of the Healthy Woman community.
Sign me up for my FREE membership today!**

Please print. (Provide as much information as possible. We value our relationship with you and will never share or sell your personal information to any outside organization without your permission.)

First Name _____ **Middle Initial** _____ **Last Name** _____

Date of Birth ____/____/____

Please enter only the last four digits of your Social Security Number _____

(This information is kept strictly confidential. We use it only to identify Healthy Woman members who use our hospital.)

Phone Number (_____) _____ - _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Yes, you can provide my e-mail address only to Healthy Woman partners so that they may send me information of interest to women like myself.

E-mail Address _____ @ _____

You are not required to provide an e-mail address. However, doing so will allow you to receive Healthy Woman event information and e-mail newsletters with valuable health information.

I prefer attending Healthy Woman events on _____ during lunch or in the evening
(day of the week)

I am interested in learning more about _____
(list health and other topics)

Congratulations on choosing to become a Healthy Woman!

Monthly events will feature health, communication, relationship and life balance issues. Membership is free, and the benefits last a lifetime.

Healthy Woman – Vista Health System
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HEALTHY WOMAN: Empowering women with the knowledge and confidence to make informed healthcare and well-being decisions for themselves and their loved ones.