

PLEASE PRINT

GROUP MEMBERSHIP ENROLLMENT

Return this completed enrollment form to the Group Sponsor.

Name: _____ [☐] Male [☐] Female

Mailing Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

Telephone (home): _____ Telephone (business): _____

Employer: _____ Dept. or Employee # (if applicable): _____

Name of Spouse: _____ Spouse's Social Security #: _____

To transfer your membership into this group, please provide your membership number.
(If you provide your spouse's number, that membership will be transferred to this group under your name.)

Would you like to receive information on the Blood Bank's LifeSaver Club and other Special Programs? [☐] Yes [☐] No

*I understand all new members under age 75 agree to take a turn providing blood shortly after joining.
I also understand that I will not be called again until all other members have been called (approximately 18-24 months).*

Benefits begin immediately after you enroll.

For the sake of privacy, you may wish to send the completed form in an envelope.

Signature

Date