

Healthy Saver Registration

Name: _____

Address: _____

DOB: _____ Already on file

Email: _____ Already on file

Phone: _____ Already on file Mobile: _____ Already on file

Membership Type

Single: Couple: Save 25% Family: Save at least 33%

Monthly \$10 Monthly \$15 Monthly \$20 12month minimum

6 Months \$50 6 Months \$75 6 Months \$100 1 Month free

12 Months \$90 12 Months \$135 12 Months \$180 3 Months free

Additional Free Signup Options

Medadvisor: Health Rewards Loyalty

Payment Method:

In Person Payment:

Direct Debit – Requires direct debit form to be completed. Already on file

Signature: _____ Date: _____

By signing above you agree to the terms and conditions of the Healthy Saver Program