



APPLICATION FOR MEMBERSHIP

PRIMARY MEMBER

First Name _____ M.I. ____ Last Name _____ SSN _____ - ____ - ____
 Address _____ City _____ State _____ Zipcode _____
 Phone (____) ____ - _____ Alt. Phone (____) ____ - _____ Email _____
 Marital Status _____ Gender ____ DOB _____ Are you a current MinuteMed patient? Yes No

ADDITIONAL MEMBERS

First Name	M.I.	Last Name	Relationship	D.O.B.	Gender	SSN	Current Patient?
			Spouse / Child / Step-child	/ /	M / F	- -	Yes / No
			Spouse / Child / Step-child	/ /	M / F	- -	Yes / No
			Spouse / Child / Step-child	/ /	M / F	- -	Yes / No
			Spouse / Child / Step-child	/ /	M / F	- -	Yes / No
			Spouse / Child / Step-child	/ /	M / F	- -	Yes / No

AUTHORIZATION FOR AUTOMATIC PAYMENT

I understand that members are required to use the automatic payment system. I am submitting the following completed authorization form with this application.

- Authorization for ProMedX to Accept Credit Card Payments for Membership Fees
- Authorization to Honor Bank Drafts Drawn by ProMedX

Signature

Date

**This authorization is to remain in full force and effect until ProMedX, LLC has received written notification of its termination in such time and in such manner as to afford ProMedX, LLC a reasonable opportunity to act on it or the until the term of the authorization expires. Any such notice should be sent to 2912 Johnston St., Lafayette, LA 70503

TERMS AND CONDITIONS

I have attached a signed membership agreement to this application.

Signature

Date