



Atrium Health
Navicent

Wellness Center

Golden Opportunities

Membership Application

First name: _____ Last name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Phone number: _____ County: _____

Date of birth: _____ Marital Status: _____

Emergency Information

Emergency contact name: _____

Phone number of contact: _____

Primary Physician: _____

Are you a current Wellness Center member? _____

Are you a current SilverSneakers or Renew Active or other insurance member? _____

Suggestions for Golden Opportunities activities: _____

How did you learn about Golden Opportunities: _____

To complete your application you'll need to fill out a health history form. This form is confidential and only used in an emergency to assure your best care and required by The Wellness Center as part of the Medical Fitness Association.

\$20 / 6 months / membership fee (All new members, 1st month is FREE)

*you'll receive a membership card to scan in each time you attend a GO activity

Updated Jan 2022