

The following is an example of the Membership Agreement.

BONANOVA HOSPITAL MEMBERSHIP APPLICATION

Date _____

Your application will be submitted to Dr. Perales, Bonanova Hospital, at which time an appointment will be made for your physical examination. At the time of your physical, Dr. Perales will sign and date the agreement and witness your signature. The receptionist will issue your Bonanova Membership Card, and will provide you with a copy of your agreement, if you do not have one.

You may call me at Rosarito: (661) 613-0383 or Vonage: (858) 435-4845 to arrange a time for your physical or you may call the Hospital at: (661) 612-5157.

Please make your check payable to Dolly Duff, with a note at the bottom of the check signifying: For Bonanova Membership.

We welcome an opportunity to serve you and welcome your comments at any time.....Dolly Duff

Please complete the following.

NAME: _____

HOME PHONE: _____ CELL: _____ VONAGE

MAILING ADDRESS: (PLEASE LIST IF MORE THAN ONE) -

BONANOVA HOSPITAL MEMBERSHIP FEE SCHEDULE

As of January 2008

Membership Program	TOTAL YEARLY PLAN
Individual (Male or Female)	\$175 (plus \$35 Yearly Physical)
Two Adults	\$175 for 1st Member, Add \$75 for 2 nd Member plus \$35 per each physical
Three Members in Family	\$175 for 1st Member, Add \$75 for each additional member plus \$25 per each Physical
Four or More Members in Family Contract for payments	\$500 for Family membership PLUS \$20.00 each physical

