

Yes! I would like to become a member.  
Please enroll me in the



**“Spirit of Women” Membership Program**  
**One Time Membership Fee: \$10.00**

To register, complete the form and mail with full payment to the address below.  
One registrant per form.

You may also visit our website at [www.atlanticare.org](http://www.atlanticare.org) and register on line.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

- Check here to give us permission to notify you of upcoming AtlantiCare news and events by email.

*Please return this form with your check made payable to  
AtlantiCare Regional Medical Center or ARMC to:*

AtlantiCare Women's Health & Wellness  
Spirit of Women Membership  
2500 English Creek Avenue, Building B  
Egg Harbor Township, NJ 08234  
Phone Number: (609) 652-3577  
Fax Number: (609) 407-2359