



MARINER MEDICAL CENTER

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2nd Floor
Foster City, CA 94404

650-570-2299
Fax 650-570-5949
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Application for the VIP Program for the Uninsured

Please fill out this form: enclose it with your check or credit card information and signature and mail it to the address above or fax this form to 650-570-5949.

All family members from 12 years of age and older are eligible to join the program, at \$149 per person. Start date occurs when you receive confirmation of membership by return mail or e-mail or when you come for your first appointment.

NAME 1: _____ Birthdate: (MM/DD/YYYY) _____
Address: _____
City, State, Zip Code: _____
NAME 2: _____ Birthdate: (MM/DD/YYYY) _____
NAME 3: _____ Birthdate: (MM/DD/YYYY) _____
NAME 4: _____ Birthdate: (MM/DD/YYYY) _____
Total number of memberships requested: _____ Total amount enclosed: _____
Please charge my: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard Card Number: _____
Expiration Date: Month _____ Year _____ Security code from back of card: _____
Signature if using Credit Card: _____ Date: _____
E-mail address: _____