

MCOR FITMED Weight Management Enrollment Form

Subscriber name: _____ Date of Birth _____ Doctor _____

Address: _____ City _____ State _____ Zip code _____

Phone: _____

Based on your payment preference selected below, your FITMED Weight Management membership fee of \$1,995.00 will **automatically** be charged following your initial consultation. If our Weight Management program is a FIT for you, this fee will be processed during enrollment.

This enrollment form will stay effective until one of the following occurs:

- You have completed the Weight Management Program
- Your credit card has expired –*new enrollment form would be completed*

_____ I would prefer to put my Weight Management Program fee on my Ocean Reef Club Card.

Member number # _____

_____ \$1,995.00 Weight Management Program Membership

_____ \$395.00/mo Weight Management Program Maintenance Membership

_____ I would prefer to put my Weight Management Program fee on my credit card:

_____ Visa _____ MasterCard _____ Discover

Card number _____ exp date ____/____ security code on back _____

Credit card billing address:

_____ same as address listed above

_____ address: _____ City _____ State _____ Zip _____

Signature _____ **Date** _____