

# Health Gems© Private Membership Form

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

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

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Home Number: \_\_\_\_\_

Office: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I have read and understand the Health Gems© disclaimer and the basic tenets of the Health Gems© membership, and I agree to become a private member as of the date of my signature below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_