WE WHO CARE APPLICATION FORM

Member documents consist of the following documents that will be scanned and stored on your personal CD-Rom and our web site for immediate access by your health care providers:

1. Member Information
2. Living Will
3. Power of Attorney
4. Medical History
5. Contact List
6. Other - You may include additional documents to be stored.
   Do not include social security or account numbers.
7. Photo(s) for identification
8. Hospital Directory Authorization

Member Type: ☐ Single *Fill out First section* ☐ Spouse / Partner *Fill out First section AND Second section*

PRIMARY Member Information:

First: _____ Middle: _____ Last: _____

DOB: _____ Mother's Maiden Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Accepted and Approved: _____ *Date* _____ *Signature of Member* _____ *Printed Name*

SPOUSE / PARTNER Member Information:

First: _____ Middle: _____ Last: _____

DOB: _____ Mother's Maiden Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Accepted and Approved: _____ *Date* _____ *Signature of Spouse/Partner Member* _____ *Printed Name*