



The Good Health Club

APPLICATION FOR MEMBERSHIP

Name(s): _____

Address: _____

City: _____ State: _____ ZIP: _____

E-Mail: _____

Home Phone: _____ Business Phone: _____

Cellular/Pager: _____ Fax: _____

I heard about The Good Health Club through: _____

Regular (1 Year) Membership Fees: \$130 Per Person, \$180 Per Couple

DISCOUNTED MEMBERSHIPS:

If Membership Paid At Your First Dinner Event,
\$115 Per Person, \$160 Per Couple

If Membership Paid in Advance, Prior to Your First Dinner Event,
\$100 Per Person, \$150 Per Couple

These Rates Only Guaranteed Thru:

☐ **Individual Membership \$ _____ Per Person**

☐ **Couples Membership \$ _____ Per Couple**

☐ **First Dinner Event \$ _____ Per Person (Members) \$ _____ TOTAL \$ _____**

Please enclose Check/Money Order for the applicable membership/dinner fee.

Payable to: NHG, R. Clark Corporation

Mail to: Natural Health Group 326 N. Western Ave. Suite 368, Los Angeles, CA 90004

Join Online at www.NaturalHealthGroup.org/Join.html

IF PAYING BY CREDIT CARD: Card # _____ CVV2: _____ Exp. ____ / ____
(3 Digit Verification Number)

Date: _____ Signature: _____

Natural Health Group • 326 N. Western Ave. Suite 368 • Los Angeles, CA 90004 • (800) 701-9364

Questions can be directed to Randy Ellis • Email: info@naturalhealthgroup.org