

Yes! I would like to become a member.
Please enroll me in the



Spirit of Women Membership Program

Membership Fee: \$20

**To register, complete the form and mail with full payment to the address below.
One registrant per form.**

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Evening Telephone: _____

Date of Birth: _____ E-mail: _____

Occupation: _____

Annual Household Income: _____

Check here to give us permission to notify you of upcoming Benefis Healthcare news and events by email.

***Please return this form with your check made payable to
Benefis Healthcare Spirit of Women Program:***

Benefis Healthcare
Spirit of Women Membership
1101 Twenty-Sixth Street South
Great Falls, MT 59405
Phone: (406) 455-5545
Fax: (406) 455-4184