



Congratulations on taking the first of many steps towards health and wellness!

If you were a 2008 member, renewal is automatic.

Name: _____

Address: _____ City: _____

Zip Code: _____ Phone Number: _____

Age: _____ Date of Birth: _____ Gender: _____

Email: _____

Please return application to the KCH Community Wellness Department, One Kish Hospital Drive, DeKalb, IL 60115 or fax it to 815.748.8303. Member materials are mailed in 2 to 3 weeks. Membership open to all area residents age 18 and older. *10% discount may not be combined with any other discount or special pricing. **More information and membership applications go to www.kishhospital.org or call 815.748.8962. Registration required for all seminars.**