

WELLNESS 360

Evangelical's New Active Aging Network

Wellness 360 Registration Form

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Share your email to receive health tips, early notification of special events, and more.

Phone Number: _____

Date of birth: _____

I am interested in (check all that apply):

- Educational Speakers
- Health Screenings
- Personalized wellness plan
- Community Discounts
- Connecting with other active agers in my community
- Other: _____

Mail completed form to:

Community Health and Wellness
120 Hardwood Drive
Lewisburg, PA 17837

Questions?

Please call Community Health and Wellness at 570-768-3200.