

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

Membership Services

Kaiser Permanente

[Address of the local Kaiser Permanente office]
[City, State, ZIP Code]

Dear Membership Services Team,

I am writing to express my interest in becoming a member of Kaiser Permanente. After researching various healthcare options, I believe that your organization's commitment to providing holistic and high-quality care aligns with my healthcare needs.

Please find my completed membership application form attached for your review. I would appreciate any information regarding the membership process, health plan options, and any additional materials I may need to provide.

Thank you for your assistance. I look forward to your prompt response and hope to join Kaiser Permanente soon.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]