



A NORTHWEST HEALTHCARE RESOURCE

## Membership Application

*Enriching the lives of adults age 50 and over one member at a time through  
friendship, exercise and wellness programs, activities, education and discounts.*

**Membership Services Information: 1-800-211-4148**

NORTHWEST HEALTHCARE				Use the space below for second membership - Same address only			
Member's Last Name		Middle Intl.	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	Member's Last Name		Middle Intl.	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.
First Name				First Name			
Area Code/Phone Number		Date of Birth	Check one <input type="checkbox"/> 50-64 <input type="checkbox"/> over 65	First Name		Date of Birth	Check one <input type="checkbox"/> 50-64 <input type="checkbox"/> over 65
Address			Apt #	Are you retired? Yes <input type="checkbox"/> No <input type="checkbox"/> Semi-retired <input type="checkbox"/>			
City		State	Zip	What are your favorite hobbies and past times?			
I authorize <input type="checkbox"/> do not authorize <input type="checkbox"/> that a Senior Circle representative may be notified of my admittance to participating hospitals and may contact me while in the hospital to ensure my needs are being met. SIGNATURE: _____				I authorize <input type="checkbox"/> do not authorize <input type="checkbox"/> that a Senior Circle representative may be notified of my admittance to participating hospitals and may contact me while in the hospital to ensure my needs are being met. SIGNATURE: _____			
Are you retired? Yes <input type="checkbox"/> No <input type="checkbox"/> Semi-retired <input type="checkbox"/>				How did you hear about Senior Circle?			
What are your favorite hobbies/past times?				Last 4 Digits SSN Member # 1 _____ Confidential			
<b>GIFTS</b>	Membership(s) is a gift from: Name			Last 4 Digits SSN Member # 2 _____ Confidential			
	Address			Can we help you with any health or lifestyle concerns?			
	City		Send Gift Card? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	State		Zip				
PAY BY CHECK ONLY				SAME ADDRESS ONLY			
<input type="checkbox"/> One Year Membership \$15.00 (SC1)				<input type="checkbox"/> Two - One Year Memberships \$27.00 (TW1)			
<input type="checkbox"/> Two Year Membership \$27.00 (SC2) Save 10% ←				<input type="checkbox"/> Two - Two Year Memberships \$51.00(TW2) Save 15% ←			

**RETURN YOUR COMPLETED APPLICATION AND CHECK TO YOUR LOCAL SENIOR CIRCLE:**

Senior Circle  
Northwest Medical Center & Oro Valley Hospital  
1980 W. Hospital Drive, Suite 207  
Tucson, AZ 85741

Joanie Johnson  
520-901-3631

**45-day money-back guarantee. Certain conditions apply. See Chapter for details. Benefits subject to change without notice.  
Memberships non-transferable. Senior Circle Association is a non-profit organization.**