



## WESTERN ARIZONA CHAPTER

*Sponsored by Western Arizona Regional Medical Center*

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

Date submitted with payment: _____			
1st applicant, initial here _____		2nd applicant, initial here _____	
Last Name _____		Mid Initial _____	<b>Use this space for 2<sup>nd</sup> membership, same address only:</b>
First Name _____		Last Name _____	
Please initial here: _____		Mid Initial _____	
<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	
Phone # _____ (____) ____ - _____		Full Date of Birth _____ Month Day Year	<input type="checkbox"/> M <input type="checkbox"/> F
Social Security # (Last four digits required; remains confidential) _____ - _____ - _____		Social Security # (Last four digits required; remains confidential) _____ - _____ - _____	
Address _____		Apt # _____	Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Semi-retired
City _____	State _____	Zip _____	E-mail address: _____ @ _____ <i>(Not required. However, including it will allow you to receive event news and other valuable health information.)</i>
Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Semi-retired		Favorite hobbies and activities:	
E-mail address _____ @ _____ <i>(Not required. However, including it will allow you to receive event news and other valuable health information.)</i>		How did you hear about Senior Circle / who recruited your membership?	
Favorite hobbies and activities:		Can we help you with any health or lifestyle concerns?	
<b>GIFTS</b>	Membership(s) is a gift from (list name): _____		Are you a WARMC volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address _____		If not, are you interested in the rewards of being a hospital volunteer?
	City _____	Send Gift Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____
	State _____	Zip _____	<input type="checkbox"/> No _____
<b>PAY BY CHECK ONLY TO SR CIRCLE ASSOCIATION</b>		<b>SAME ADDRESS ONLY</b>	
<input type="checkbox"/> One-year membership: \$15 (SC1) <input type="checkbox"/> Two-year membership: \$27 (SC2) <b>Save 10%</b>		<input type="checkbox"/> (2) One-year memberships: \$27 (TW1) <b>Save 10%</b> <input type="checkbox"/> (2) Two-year memberships: \$51 (TW2) <b>Save 15%</b>	

### RETURN COMPLETED APPLICATION AND CHECK TO:

**Western Arizona Regional Medical Center - Senior Circle Chapter**

**2735 Silver Creek Rd., Bullhead City, AZ 86442**

**ATTN: Jena Morga, Coordinator (928) 763-0282**

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, and reserves the right to deny or terminate the membership of any individual based on Senior Circle's sole discretion.

**Senior Circle Association Member Services: (800) 211-4148**