



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

RETURN COMPLETED APPLICATION AND CHECK TO:

Western Arizona Regional Medical Center - Senior Circle Chapter

2735 Silver Creek Rd., Bullhead City, AZ 86442

ATTN: Diane Schwartz, 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