



MEMBERSHIP APPLICATION

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.		Please initial here: _____	
Phone # (____) ____ - ____	Full Date of Birth Month Day Year	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.
Social Security # (Last 4 digits required; remains confidential)		Social Security # (Last 4 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: _____@_____	
E-mail address _____@_____		<i>(Remains confidential. Including it will allow you to receive event news and other valuable health information.)</i>	
Favorite hobbies and activities:		Favorite hobbies and activities:	
How did you hear about Senior Circle / who recruited your membership?		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		
	State Zip		
Are you a hospital volunteer?		Are you a hospital volunteer?	
<input type="checkbox"/> Yes _____ (Name of hospital)		<input type="checkbox"/> Yes _____ (Name of hospital)	
<input type="checkbox"/> No, but I'd like to learn more <input type="checkbox"/> No, I'm not able to volunteer at this time.		<input type="checkbox"/> No, but I'd like to learn more <input type="checkbox"/> No, I'm not able to volunteer at this time.	
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 EITHER
1) Your local Senior Circle office; or 2) Senior Circle Association:
4000 Meridian Blvd.
Franklin, TN 37067

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