

# SENIOR CIRCLE MEMBERSHIP APPLICATION

Today's date	<input type="checkbox"/> New <input type="checkbox"/> Renewal
Check one: <input type="checkbox"/> One person; one-year membership \$15 (NEW101) <input type="checkbox"/> One person; two-year membership \$27 (NEW102) <input type="checkbox"/> Two people; one-year membership \$27 (NEW201) <input type="checkbox"/> Two people; two-year membership \$51 (NEW202)	
Last Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F
First Name	MI
Address	
City	
State	ZIP
Email	
Phone Number	
DOB (mm/dd/yyyy)	SSN (last 4 digits)

**Complete the next section only if you are applying for a second member in the same household.**

Last Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F
First Name	MI
Email	
Phone Number	
DOB (mm/dd/yyyy)	SSN (last 4 digits)

Complete this form and return with CHECK payable to:

**SENIOR CIRCLE  
c/o St. Joseph Hospital  
700 Broadway, MOB Suite 100  
Fort Wayne, IN 46802**

OR pay your membership online:

1. Go to [seniorcircle.com](http://seniorcircle.com). Click on "Sign Up or Renew."
2. Select the number of persons joining and membership levels, then complete the application process.
3. Questions or difficulties? Please call 1-800-211-4148.