

LOVELACE *Silver*Elite



T-shirt & water bottle are yours at NO COST when you sign up today!

Confidential Membership Application & Pre-Registration Form

(Please Print)

Today's Date: _____

Last Name: _____ First Name: _____ MI: _____

DOB: _____ Last 4 digits of your Social Security number: _____

Sex: Male Female

Marital Status: Single Married Divorced Widowed Separated

Race: Caucasian Hispanic Asian African American Native American Other

Address: _____ City: _____ State _____

Zip: _____ E-mail: _____

Home Phone: () _____ Cell Phone: () _____

Diabetic: Yes No Pacemaker / Defibrillator: Yes No Religious Preference: _____

Emergency Contact: _____ Relationship: _____

Home Phone: () _____ Alt / Cell Phone: () _____

Primary Care Physician: _____ Office Phone: _____

Address: _____ City: _____ State _____ Zip: _____

Were you referred to Lovelace Silver Elite by a friend Yes No

If so, what is his or her name? _____

Confidential Membership Application & Pre-Registration Form (Cont.)

Which Lovelace Hospital do you most often visit for your health care services?

Check box that applies:

- Lovelace Medical Center Lovelace Women's Hospital Lovelace Westside Hospital
 Lovelace Rehabilitation Hospital Lovelace Regional Hospital
 Other _____

Yes, please visit me during hospitalization

What insurance do you have?

Your Personal Favorites

Favorite Magazines: _____

Please select all topics of fitness interest:

- Walking Strength Training Yoga Relaxation Heart Strength Toning

Favorite Hobby: _____

Favorite Movie: _____

T-shirt Size: Small Medium Large X-Large 2x 3X

Return by mail to:

Or fax to: 505.727.9960

Lovelace Silver Elite Coordinator
4101 Indian School Rd. NE Ste. 110
Albuquerque, NM 87110

Age has its
rewards.

THANK YOU FOR JOINING
LOVELACE SILVER ELITE

Lovelace
Health System

 **LOVELACE**
SilverElite