

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: _____ 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 Don't know Other _____
 Yes, I allow you to visit me during hospitalization

Are you a member of Lovelace Senior Plan? Yes No Don't know

If you are not a member of Lovelace Senior Plan, 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:
Lovelace Silver Elite
Coordinator
4101 Indian School Rd. NE
Albuquerque, NM 87110

Or fax
505.727.0120

Or drop off at the
Main lobby desk of
any Lovelace Hospital
in a sealed envelope
Attn: Lovelace
Silver Elite Program
Coordinator

Age has its
rewards.

THANK YOU FOR JOINING
LOVELACE SILVER ELITE

Lovelace
Health System

LOVELACE
 **SilverElite**