



Your information is for membership purposes only and will not be shared.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Last 4 Digits of Your SSN \_\_\_\_\_ DOB \_\_\_\_\_ Sex  M  F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

1) With which of the following Silver Elite clubs are you most likely to participate in activities? (Choose one.)

- Bailey Medical Center
- Hillcrest Hospital Claremore (formerly Claremore Regional Hospital)
- Hillcrest Hospital South (formerly SouthCrest Hospital)
- Hillcrest Medical Center

2) How did you hear about Silver Elite?

- Newspaper or magazine: \_\_\_\_\_ (Which one?)
- Received something in the mail
- Referred by someone: \_\_\_\_\_ (His or her name?)
- Other: \_\_\_\_\_

3) Primary Care Physician? \_\_\_\_\_

5) Primary Insurance? \_\_\_\_\_

6) Secondary Insurance? \_\_\_\_\_

7) Favorite Hobby? \_\_\_\_\_

---

## Optional

**Do you have a friend or family member who would enjoy the benefits of Silver Elite? Let us know! Complete the information below, and we will send an application to them.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

## Return Your Silver Elite Membership Application

**By Mail:**

Silver Elite – HHS

110 West 7<sup>th</sup> Street, Suite 2510

Tulsa, OK 74119

**By Fax:** 918-579-1024

**By E-mail:** [SilverElite@Hillcrest.com](mailto:SilverElite@Hillcrest.com)