



Trinity Medical Center

Membership Application

*Enriching the lives of adults age 50 and over one member at a time through
friendship, activities, education and discounts.*

Membership Services Information: 1-800-211-4148

TRINITY MEDICAL CENTER				Use the space below for second membership - Same address only			
Member's Last Name		Middle Intl.	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	Member's Last Name		Middle Intl.	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.
First Name				First Name			
Area Code/Phone Number		Date of Birth	Check one <input type="checkbox"/> 50-64 <input type="checkbox"/> over 65	Date of Birth		Check one <input type="checkbox"/> 50-64 <input type="checkbox"/> over 65	
Social Security # (Last 4 digits required; remains confidential) _____ - _____ - _____				Social Security # (Last 4 digits required; remains confidential) _____ - _____ - _____			
Address			Apt #	Are you retired? Yes <input type="checkbox"/> No <input type="checkbox"/> Semi-retired <input type="checkbox"/>			
City		State	Zip	What are your favorite hobbies and past times?			
I authorize <input type="checkbox"/> do not authorize <input type="checkbox"/> that a Senior Circle representative may be notified of my admittance to participating hospitals and may contact me while in the hospital to ensure my needs are being met. SIGNATURE: _____				I authorize <input type="checkbox"/> do not authorize <input type="checkbox"/> that a Senior Circle representative may be notified of my admittance to participating hospitals and may contact me while in the hospital to ensure my needs are being met. SIGNATURE: _____			
Are you retired? Yes <input type="checkbox"/> No <input type="checkbox"/> Semi-retired <input type="checkbox"/>				How did you hear about Senior Circle?			
Are you currently a volunteer at Trinity? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, would you be interested in becoming a volunteer? Yes <input type="checkbox"/> No <input type="checkbox"/>				Can we help you with any health or lifestyle concerns?			
<input type="checkbox"/> One Year Membership \$15.00 (SC1) <input type="checkbox"/> Two Year Membership \$27.00 (SC2) Save 10% ←				<input type="checkbox"/> Two - One Year Memberships \$27.00 (TW1) <input type="checkbox"/> Two - Two Year Memberships \$51.00(TW2) Save 15% ←			

RETURN YOUR COMPLETED APPLICATION AND **CHECK OR MONEY ORDER (MADE PAYABLE TO SENIOR CIRCLE)** TO:

Melanie Shivers, Senior Circle Advisor
Trinity Medical Center
800 Montclair Road
Birmingham, AL 35213

Questions? Call 205-599-3805

Please be advised that temporary cards are not available for this program. It may take up to 2-3 weeks to receive your membership card and benefits booklet at your home. **Receipts from applications turned in through Admitting are not accepted in the parking deck for exiting the deck.** You must wait to receive your card before you can begin using the Senior Circle benefits. Please be advised that Senior Circle is a designated seniors program and parking is just one of the benefits.

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.