

Silver Elite: Confidential Membership Application & Pre-Registration Form

(PLEASE PRINT)



*Your's Free When You
Sign Up Today!*

Front



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Last Name: _____ First Name: _____ MI: _____

SSN: _____ DOB: _____ Sex: Male / Female

Marital Status: Single Married Divorced Widowed Separated

Wedding Anniversary Date: _____

Race: Caucasian Hispanic Asian Middle Eastern Native American Other

Address: _____ City: _____ State: _____

Zip: _____ Email: _____

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

Diabetic: Y / N Pacemaker / Defibrillator: Y / N Religious Preference: _____

Next of Kin: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

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

Emergency Contact: _____ Relationship: _____

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

Primary Care Physician: _____ Office Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

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

If yes, what is their name? _____

Confidential Membership Application & Pre-Registration Form cont'd

What physician group is your primary care physician affiliated with?

Check box that applies:

- Utica Park Clinic Warren Clinic OMNI Medical Group SouthCrest Don't Know
 Other _____

Primary Insurance: _____ Phone #: _____

Policy #: _____ Group #: _____

Claims Address: _____

Secondary Insurance: _____ Phone #: _____

Policy #: _____ Group #: _____

Claims Address: _____

Member 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

*Age Has Its Rewards.
Thank You for Joining Silver Elite
at Bailey Medical Center.*

* Return by mail to:
Tina Williams
Bailey Medical Center
10502 N. 110th E. Ave.
Owasso, Oklahoma 74055

Or fax:
376-8492

Or drop off at the
Main Lobby desk in
a sealed envelope

Attn: Silver Elite

