



Your advisor is dedicated to making your membership as valuable as possible. Once you have submitted the membership application with a check or money order made payable to Senior Circle Association, you will receive your membership card, a copy of our *Circle News* newsletter and activity calendar, plus a full list of national and local benefits.

### Social Activities, Travel & More

- Social activities
- Holiday parties
- Day trips & overnight travel opportunities

### Health & Wellness

- Monthly lunch-n-learn educational seminars
- Free health fairs & screenings
- Wellness classes & activities
- Outdoor adventures

### In-Hospital HealthPERKS

- Discount on cafe purchases
- Free meal per day for spouse or caregiver each day member is hospitalized
- Hospital volunteer opportunities
- Free garage parking in designated areas
- 15% discount on all hospital gift shop items

### National Benefits

- Prescription drug discounts
- Vision care discounts
- Hearing aid discounts
- Personal emergency response system discounts
- Rental car discounts
- Free subscription to the Senior Circle national magazine *Inside Circle*

**For more information, call the Deaconess Medical Center office at 509-473-7899 or the Valley Hospital & Medical Center office at 509-473-5899.**



**Save money, live healthy  
and have fun.  
Join the Circle.**

More adults are actively working to stay healthy longer. At Deaconess Medical Center and Valley Hospital and Medical Center, we applaud you and we support your efforts by continually assessing the needs of older adults in our community and enhancing our services.

Staying healthy is about taking good care of yourself. Aging adults have special healthcare needs and may benefit from education and lifestyle changes. The Senior Circle program provides information through educational and social activities to assist seniors in maintaining their physical health and emotional well being.

To learn more about our services and members of our medical staff, please contact us at:  
**509-473-7899 or 509-473-5899.**



### Greater Spokane Chapter

Senior Circle Office  
P.O. Box 248  
Spokane, WA 99210  
[www.deaconessmc.com](http://www.deaconessmc.com)  
[www.valleyhospital.org](http://www.valleyhospital.org)





## Have the time of your life in the prime of your life!

Membership in our Senior Circle Chapter will help you get more out of life through health talks, benefits at Deaconess Medical Center and Valley Hospital & Medical Center and many more valuable member-only discounts and privileges.

You'll also experience fun and fellowship enjoying a full calendar of social events and travel opportunities.

## Lend a Hand

If you want to share some of your time and talent, volunteer at our chapter by contacting the Senior Circle Advisor at 509-473-7899 or 509-473-5899. You will enjoy the rewards and camaraderie of volunteering while sharing the spirit of Senior Circle.

PLEASE DETACH AT PERFORATION AND RETURN TO YOUR NEAREST CHAPTER OR SEND TO THE ADDRESS BELOW.

### GREATER SPOKANE CHAPTER

Date submitted with payment: \_\_\_\_\_ Check one:  New  Renewal

|            |   |   |
|------------|---|---|
| Last Name  | Middle Initial  | <input type="checkbox"/> Mrs.<br><input type="checkbox"/> Ms.<br><input type="checkbox"/> Mr.<br><input type="checkbox"/> Dr. |
| First Name | <input type="checkbox"/> M <input type="checkbox"/> F |   |

Day Phone ( \_\_\_\_ \_\_\_\_ \_\_\_\_ ) \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

DOB: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Social Security # (Last four digits required, remains confidential)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

E-mail Address (For us to send event info and news)

\_\_\_\_\_ @ \_\_\_\_\_

#### 2nd Application, SAME ADDRESS ONLY

|            |   |   |
|------------|---|---|
| Last Name  | Middle Initial  | <input type="checkbox"/> Mrs.<br><input type="checkbox"/> Ms.<br><input type="checkbox"/> Mr.<br><input type="checkbox"/> Dr. |
| First Name | <input type="checkbox"/> M <input type="checkbox"/> F |   |

DOB: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Social Security # (Last four digits required, remains confidential)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

E-mail Address (For us to send event info and news)

\_\_\_\_\_ @ \_\_\_\_\_

- One person; one year \$15 (SC1)  
 One person; two years \$27 (SC2) Save 10%

- Two people; one year each \$27 (TW1) Save 10%  
 Two people; two years each \$51 (TW2) Save 15%

#### CHECKS ONLY: PAYABLE TO SENIOR CIRCLE ASSOCIATION

Return your completed application and check to:  
**Senior Circle Greater Spokane Chapter • P.O. Box 248  
 Spokane, WA 99210**  
*We value our relationship with you and will never share or sell your personal information to any outside organization without your permission.*  
 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, and reserves the right to deny or terminate the membership of any individual based on Senior Circle's sole discretion.

**Questions? Call Senior Circle Association Member Services:  
 (800) 211-4148**

#### FOR OFFICE USE ONLY

Member \_\_\_\_\_  
 Chapter \_\_\_\_\_ # \_\_\_\_\_  
 CK  MO # \_\_\_\_\_  
 Date \_\_\_\_\_ By \_\_\_\_\_