## TidalHealth Seniors

## Membership Application

**Each new member must complete an application. One application does not cover the household.

Please print your information.

| Last Name | First | Middle | (check one) ☐ Rev. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. |
|---|---|---|---|
| Street Address/ P.O. Box | | | |
| City | State | County | Zip |
| Phone # (H) | (C) | (W) | E-mail Address |
| Gender ☐ Male ☐ Female ☐ Other: _____ | | Age | Date of Birth |

Race/ethnicity (This information will only be used to target programs/services to certain high-risk populations)

☐ Black/African American ☐ American Indian or Alaskan Native ☐ Asian/Chinese/Japanese/Korean/Pacific Islander
☐ Hispanic/Chicano/Cuban/Mexican/Puerto Rican/Latino ☐ Middle Eastern
☐ Other (please specify):

Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Widow(er)

| Employer Name/Address | Check here if retired ☐ |
|---|---|
| Former Occupation | |
| Spouse's Name | Is your spouse a TidalHealth Seniors Member? ☐ Yes ☐ No |

How did you hear about TidalHealth Seniors? ☐ Mail ☐ Newspaper ☐ Hospital Department ☐ Website
☐ Family/Friend ☐ Social Media ☐ Presentation/Other (please specify):

Religious Preference (optional)

Interests/Hobbies (check all that apply)

| | | | |
|---|---|---|---|
| 1. Arts & Crafts ☐ | 5. Fishing ☐ | 9. Reading ☐ | 13. Walking ☐ |
| 2. Bicycling ☐ | 6. Gardening. ☐ | 10. Running ☐ | 14. Other: |
| 3. Bowling ☐ | 7. Golf ☐ | 11.Swimming ☐ | |
| 4. Cooking ☐ | 8. Grandchildren ☐ | 12.Travel ☐ | _____ |

Special Needs/Medical History (check all that apply)

| | | | |
|---|---|---|---|
| 1. Asthma ☐ | 5. Heart Disease ☐ | 9. Kidney Disease ☐ | 13. Peptic Ulcer ☐ |
| 2. Cancer ☐ | 6. Hernia. ☐ | 10. Leg Pain ☐ | 14. Rheumatism/Arthritis ☐ |
| 3. Diabetes ☐ | 7. High Blood Pressure ☐ | 11.Lung Disease ☐ | 15.Other: |
| 4. Eye Injury or Disease ☐ | 8.High Cholesterol ☐ | 12.Mental Health Issues ☐ | _____ |

Why are you excited about this program?

| Are you active on social media? ☐ Yes ☐ No | If yes, what platform(s)? ☐ Facebook ☐ Instagram ☐ Other(s): _____ |
|---|---|

Would you like to be added to the TidalHealth Seniors Facebook Group? ☐ Yes ☐ No

**Membership Application Authorization:**

- I authorize TidalHealth Seniors to process this application in order to receive my membership benefits upon admission to TidalHealth (i.e., visitation program).
- I authorize TidalHealth Seniors to mail the quarterly Wellness Wave newsletter and related program information to my mailing address.
- I authorize TidalHealth Seniors to send a monthly newsletter and related program information to my email address.
- I understand that if, at any time, I wish to cancel or update my membership, I will need to contact the TidalHealth Seniors membership office by phone at 410-543-7170 or in writing to: Program Coordinator, TidalHealth Seniors, 100 E. Carroll St., Salisbury, MD 21801

Signature_____ Date_____

**Mail completed forms to: Program Coordinator, TidalHealth Seniors, 100 E. Carroll St., Salisbury, MD 21801 or email to megan.koester@tidalhealth.org.**