



Seniority Program Application

2 Easy Ways to Apply:

1. Mail this completed application to the address above
OR
2. Drop off this application at the Marketing Dept- 125 Alison Drive

Date: _____

Name(s):

Address:

Phone Number:

Email:

Birthday:

Please include your one-time application fee of \$15.00 per person or \$25.00 for a couple with your application. Checks should be made payable to Russell Medical (please indicate "Seniority Program" in the memo section). You will receive your membership card within one week of receiving your application and fee.

For Office Use ONLY: Date Received: _____ Method of Payment: _____ Check #: _____