

Sterling Connection

Enriching lives over 50

This is a membership application only.
It is not an application for credit.

Hospitals offering *Sterling Connection*
reserve the right to change the
program services or discontinue
the program at any time.

Complete program benefits are
outlined in the *Sterling Connection*
flyer enclosed. Some restrictions may
apply to specific program benefits.

Jefferson Community Health & Life
Sterling Connection
P.O. Box 277
Fairbury, NE 68352

Place
Stamp
Here

Sterling Connection

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*Jefferson Community
Health & Life*

Adults today lead very busy lives. If you are like many of them, you look to your hospital for being the source to trust on remaining healthy and active.

Sterling Connection is designed to help you transition from one phase of your life to the next, connecting you to the latest information, education, social and recreational activities to help you be your best.

Best of all, it costs nothing to join and its services are offered to you on a complimentary basis or as a special *Sterling Connection* membership opportunity with a special price.

Ready to join? Simply complete the application, tear off this panel, fold the application so the return address shows, stamp and seal the form, and mail it to us.

FOLD AND TAPE

Sterling Connection MEMBERSHIP APPLICATION

Name _____ LEGAL LAST NAME LEGAL FIRST NAME MIDDLE INITIAL

Mailing Address _____ City _____ State _____ Zip _____

Phone Number (_____) _____ Sex F M Birthdate ____/____/____ Age _____

E-Mail _____

Marital Status: Married Spouse Name _____

Single Widowed Divorced

SPOUSE OR OTHER IN HOUSEHOLD APPLYING FOR MEMBERSHIP

Name _____ LEGAL LAST NAME LEGAL FIRST NAME MIDDLE INITIAL

Mailing Address _____ City _____ State _____ Zip _____

Phone Number (_____) _____ Sex F M Birthdate ____/____/____ Age _____

E-Mail _____

Marital Status: Married Spouse Name _____

Single Widowed Divorced