

*Please mail application to:
the Silver Prestige Club
St. Joseph's Hospital and Health Center
30 7th Street West
Dickinson, ND 58601*

 **the Silver
Prestige Club**
St. Joseph's Hospital and Health Center
30 7th Street West
Dickinson, ND 58601
1-701-456-4376



Wise & healthy



A Healthy
Lifestyle...

...for those who are 55 and beyond.

 **the Silver
Prestige Club**

Vision Statement...

The Silver Prestige Club will provide access to wellness and a healthy lifestyle for those who are age 55 and beyond. We recognize the significant role this group plays in our society through contributions of wisdom, strength and spirituality. By providing healthy avenues to remain active and productive we strive to enhance quality of life and continue building healthier communities in the 21st Century.

Join Today...



If you are 55 years of age or beyond, do you want to stay *wise* and *healthy*? Complete or return the attached application form. *Information you provide on this application is kept confidential.* Membership is **FREE**. When you complete the application, we will mail you a Silver Prestige Club membership card and an information packet.

Membership Benefits...

- ❖ Access to Hospital and Community Resources
- ❖ Hospital Gift Shop Discounts
- ❖ Hospital Cafeteria Coffee and Dessert Club
- ❖ Hospital Fitness Center Discounts
- ❖ Health Screenings
- ❖ Monthly Health Education Seminars
- ❖ Social Events, Travel and Entertainment Opportunities
- ❖ Newsletter with a Calendar of Events
- ❖ Silver Prestige Club Healthy Forum Breakfast Series
- ❖ Walking Program
- ❖ Community and National Business Discounts



For More Information
call the Silver Prestige Club
1-701-456-4376

CATHOLIC HEALTH INITIATIVES

St. Joseph's Hospital and Health Center

the Silver Prestige Club

APPLICATION

1st Applicant Mr. Mrs. Ms. (circle one)

Name _____

Address _____

City/St/Zip _____

Phone () _____

Birthday (month/day/year) _____

SS# _____

Marital Status (circle one) S M D W

2nd Applicant Mr. Mrs. Ms. (circle one)

Name _____

Address _____

City/St/Zip _____

Phone () _____

Birthday (month/day/year) _____

SS# _____

Marital Status (circle one) S M D W

Please update my hospital record to indicate I am a member of the Silver Prestige Club. This permission also includes receiving information from the hospital.

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