Application for GoldenCare Membership

☐ Miss ☐ Mr. ☐ Mrs. ☐ Ms. Gender: M F

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ Apt.# _____

City _____ State _____ Zip _____ County _____

Home phone ___( )_____ e-mail address _____

Birthdate _____ Marital status: ☐ Married ☐ Divorced ☐ Single ☐ Widowed

Second Address, if applicable
From: _____ *To:* _____

Street Address _____ *City* _____ *State* _____ *Zip* _____

Spouse: Last Name _____ First Name _____ Middle Initial _____

Spouse's Birthdate _____

☐ **Check box if spouse is also applying for GoldenCare**

Where did you first hear about GoldenCare?

☐ Baraboo/St. Clare
☐ DeanCare/Dean Health Plan
☐ Dean Clinic
☐ GoldenCare Member
☐ GoldenCare Speaker
☐ Health Works
☐ Health or Senior Fair
☐ Hospital Cafeteria: _____
☐ Janesville Riverview Clinic
☐ Lifeline
☐ Magazine/Newspaper: _____
☐ Other: _____
☐ Musical Memories
☐ Pre Admission letter
☐ What's New program
☐ 55 Alive Driving Course

Medicare Number, *if applicable*

Spouse's Medicare Number, *if applicable*

_____

Signature: Applicant _____ Date _____ Co-applicant _____