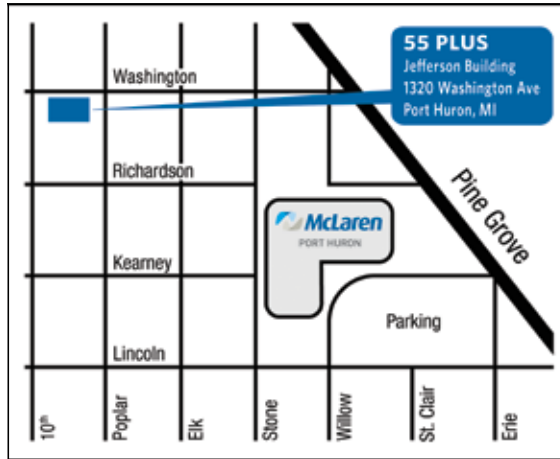


## LOCATION



55 Plus is located at the corner of 10<sup>th</sup> and Washington Avenue, in the Jefferson building.

**55** Plus  
Membership program



**McLaren**  
PORT HURON

**BUSINESS REPLY MAIL**

FIRST CLASS MAIL PERMIT NO. 745 PORT HURON, MI

POSTAGE WILL BE PAID BY ADDRESSEE

**McLaren Port Huron - 55 Plus**

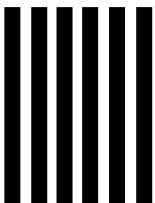
1221 Pine Grove Ave.

P.O. Box 5011

Port Huron, MI 48061-9962



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



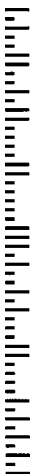
**McLaren**

PORT HURON

1320 Washington Avenue, Port Huron, MI 48060

(810) 989-3121

[mclaren.org/ph55plus](http://mclaren.org/ph55plus)



55 Plus is McLaren  
Port Huron's free  
membership program  
for adults age  
55 years and older.



PORT HURON

**Patient Name** John Doe  
**No.** 000000  
**Memberships** 55 Plus

**Your membership entitles you to several benefits:**

- Newsletter updates about services and programs offered by 55 Plus
- Discounts on a variety of programs and health screenings sponsored by 55 Plus
- Discounts at McLaren Port Huron's Pharmacy Place and medical equipment services

**McLaren Port Huron 55 Plus offers:**

- A variety of health related **Educational Programs and Events**
- Free and low cost **Health Screenings** throughout the year
- Information and discussion through **Support Groups** for caregivers of those with Alzheimer's Disease, individuals living with Parkinson's Disease, survivors of stroke, and women living with cancer
- Free **Smoke Cessation** program that supplies information and coaching to support the success of becoming a healthier, smoke-free adult



**55 PLUS  
PRE-REGISTRATION FORM**

Last name \_\_\_\_\_

First name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital status (circle) S M D W

Sex (circle) M F

Previous name if different \_\_\_\_\_

Would you like your spouse enrolled? (circle) Y N  
If Yes, fill in remaining information.

Spouse's last name \_\_\_\_\_

Spouse's first name \_\_\_\_\_

Spouse's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

*After you have completed the form, detach the front cover, fold your personal information toward the inside, tape shut, and drop it into the mail. No postage is necessary if mailed within the United States.*