



**WATERBURY
HOSPITAL**



About Evergreen Club 50

Evergreen Club 50, an organization at Waterbury Hospital for active adults age 50 and over, offers wellness programming and Medicare counseling for its 15,000 (and growing!) members. The organization also offers health screenings, social activities, disease prevention and management programs and much more.



**WATERBURY
HOSPITAL**

www.waterburyhospital.org

Waterbury Hospital
Evergreen Club 50
64 Robbins Street
Waterbury CT, 06708

(203) 573-7385

About

Waterbury Hospital

Waterbury Hospital is the largest private employer in the Greater Waterbury region, and serves a vital role in the economic vitality of Western Connecticut. It is a private, non-profit acute care teaching hospital licensed for 367 beds and affiliated with the Yale School of Medicine, the University of Connecticut School of Medicine and Connecticut Children's Medical Center. Founded in 1890 as Waterbury's first and Connecticut's fourth hospital, Waterbury Hospital is a full-service community health-care institution with centers of excellence in primary care, cardiac services, behavioral health and orthopaedics.



EVERGREEN
C L U B 5 0

"You're as young as you feel!"

Membership Application



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"You're as young as you feel!"

Join one of the largest and most respected wellness organizations in the area for mature adults, and take advantage of the opportunity to maximize your health and well-being.

Membership Privileges

- Low-cost health screenings and immunizations (Including Flu Clinics)
- Information on hospital services
- Club newsletter
- Medicare insurance workshops
- Discount on hospital parking
- Health and wellness seminars
- Social activities

Should you have any questions or need assistance filling out this application, please contact the Evergreen Club 50 Office at (203) 573-7385.

\$10 Lifetime Membership Fee

Please make check payable to Evergreen Club 50, and mail to:

Waterbury Hospital, Evergreen Club 50, 64 Robbins Street, Waterbury, CT 06708

You should receive your membership card within 14 business days. Check or cash **MUST BE INCLUDED** with application in order to receive a membership card.



CUT ALONG DOTTED LINE, FOLD AND RETURN IN ENVELOPE

EVERGREEN CLUB 50 MEMBERSHIP APPLICATION

Name (Last) _____ (First) _____ (M.I.) _____

Sex _____ Date of Birth (_____ / _____ / _____) Telephone _____
MONTH DAY YEAR

Address _____ Apt # _____

City _____ State _____ Zip _____

Email Address _____ Cell Phone _____

How did you hear about Evergreen Club 50 Friend/Relative Hospital Visit

Hospital Stay Newspaper/Brochure Other _____

Health Interests and Program Services

Please check off issues that are important to you:

Heart Disease Diabetes Asthma Cancer Alternative Medicine

Living Will/Advance Directives Caring for Spouse/Parent

Medicare Counseling Retirement/Estate Planning

Home Emergency Response System Arthritis Exercise programs

Alzheimer's Nutrition and Diet Sleep Disorders Social

Please list other programs of interest to you: _____

Signature _____

For office use only - Do not write in this area