

# PRESTIGE 55

AdventHealth Ocala

## Membership Form

Thank you for your interest in joining Prestige 55! Members are invited to exclusive health and wellness lectures, free wellness screenings, and enjoy exclusive discounts at AdventHealth Ocala. As a member you will also receive a copy of our *Healthy Happenings* quarterly newsletter mailed to your home with a full listing of all AdventHealth Ocala's upcoming events. Please complete this form to join today!

**Annual membership dues are \$10 per individual and include all Prestige 55 benefits.**

Membership can be renewed annually by Dec. 31 for the next calendar year. Payments can be made by cash or check (*payable to AdventHealth Ocala*).

First & Last Name: \_\_\_\_\_

Salutation:  Mr.  Mrs.  Ms.  Dr.  Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ (leave blank if un-named)

Phone Number: \_\_\_\_\_  Home  Cell

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you ever been a patient at AdventHealth Ocala before?  yes  no

Are you interested in learning about volunteer opportunities?  yes  no

How did you hear about the Prestige 55 program?

friend/family  health fair  newsletter  inside the hospital  physician's office  other

What health and wellness topics are you interested in (check all that apply):

- |   |  |  |                                       |  |
|---|--|--|---------------------------------------|--|
| <input type="checkbox"/> Allergy/immunology | <input type="checkbox"/> Arthritis           | <input type="checkbox"/> Cardiology        | <input type="checkbox"/> Dermatology  | <input type="checkbox"/> Diabetes          |
| <input type="checkbox"/> Diet/Nutrition     | <input type="checkbox"/> Emergency Medicine  | <input type="checkbox"/> Eye/ophthalmic    | <input type="checkbox"/> Fitness      | <input type="checkbox"/> Digestive Health  |
| <input type="checkbox"/> Health screenings  | <input type="checkbox"/> Infectious diseases | <input type="checkbox"/> Internal medicine | <input type="checkbox"/> Insurance    | <input type="checkbox"/> Men's Health      |
| <input type="checkbox"/> Mental health      | <input type="checkbox"/> Nephrology          | <input type="checkbox"/> Oncology          | <input type="checkbox"/> Orthopedics  | <input type="checkbox"/> Osteoporosis      |
| <input type="checkbox"/> Otolaryngology     | <input type="checkbox"/> Palliative care     | <input type="checkbox"/> Pulmonology       | <input type="checkbox"/> Radiology    | <input type="checkbox"/> Social activities |
| <input type="checkbox"/> Surgery            | <input type="checkbox"/> Transitional care   | <input type="checkbox"/> Urology           | <input type="checkbox"/> Volunteering | <input type="checkbox"/> Women's health    |

Please mail this completed membership form along with your dues to:

AdventHealth Ocala  
Marketing Department / Prestige 55  
1500 SW 1<sup>st</sup> Avenue  
Ocala, FL 34471