

Membership Registration

\$15 per person annually

Name		
Birthdate///	Gender 🗖 M	lale 🛭 Female
Marital Status 🔲 Married 🖵 Single	☐ Widowed	
Spouse's Name (if also joining)		
Spouse's Birthdate//		
Address		
City	State	Zip Code
E-mail		
Spouse's E-mail		
Home Phone ()	Cell Phone ()

Please return with your payment to:

Mary Greeley Medical Center Prime Time Alive 1111 Duff Ave. Ames, IA 50010

Please make the \$15 per person annual membership fee payable to Mary Greeley Medical Center.

