

GoldenCare Enrollment Form

Lifetime Membership (one-time fee) \$50 per person/\$75 per couple. Complete Part 1 (payable to GoldenCare at Valley)

Lifetime Membership – Valley Dividend option. Complete Parts 1 and 2

PART 1 - GoldenCare Application Information

Membership requirement is 62 years of age and older

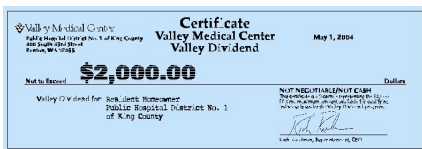
Name _____ Birthdate ____/____/____

Spouse Name _____ Birthdate ____/____/____

Home Address (Street or PO Box) _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Date ____/____/____



PART 2 - Valley Dividend Application

The hospital district boundaries include most areas of Renton, Kent, Tukwila, and Covington. If you are a resident homeowner in the hospital district and would like to apply your Valley Dividend to become a **Lifetime** member in lieu of paying the one-time fee, please fill out the following:

Owner-occupied Resident Address (if different than above) _____

It is a (check one) house ___ mobile home ___ (lot ___ /court ___) condominium ___

City _____ Zip _____

Current Residence? (circle one) Yes No Year home purchased _____

Previous hospital district address (if applicable) _____

City _____ Zip _____

Year home purchased _____ Year home sold _____

Have you previously accessed your Valley Dividend account? (circle one) Yes No

Signature _____

Please call 425.228.3440, ext. 4648 if you have questions about your Valley Dividend, or refer to the Valley Dividend information on page 2.

Mail your completed form to GoldenCare, Valley Medical Center
400 S 43rd St, PO Box 50010, Renton, WA 98058-5010

