

The City of Rahway Senior Preferred Prescription Savings Card

Please complete the application and return
with check for membership fee made payable to:

City of Rahway
1 City Hall Plaza
Rahway, N.J. 07065

MEMBERSHIP APPLICATION

Please check one of the following:

Membership Fee (per household)

- 1 year \$20.00
 3 years \$40.00 (get 1 year free!)

CARDHOLDER INFORMATION

Last Name: _____

First Name: _____

Street: _____

City, ST, Zip: _____

Phone: _____

Birthdate: _____

Male/Female: _____

SPOUSE INFORMATION

First Name: _____

Birthdate: _____

Male/Female: _____

By signing below, I attest that the persons above:

- are residents of the City of Rahway
- are at least 55 years of age AND/OR receive Social Security Disability Benefits
- understand that this is a prescription discount savings card and not an insurance program

Signature: _____

CUT ALONG DOTTED LINE

A Message From Mayor Kennedy

Rahway's seniors have contributed much to our city and continue to add to our quality of life every day. Unfortunately, the high cost of prescription drugs puts a strain on the pocketbooks of many of Rahway's older adults. Our partnership with GS-POPS to establish the Rahway Senior Preferred Prescription Savings Card will reduce those costs significantly for City residents 55 and over.

If you are looking for an affordable, no-hassle way to cut the cost of prescription drugs for you and your family, I encourage you to enroll in Rahway's GS-POPS program today by using this handy registration form.

Thank you, and enjoy the service!



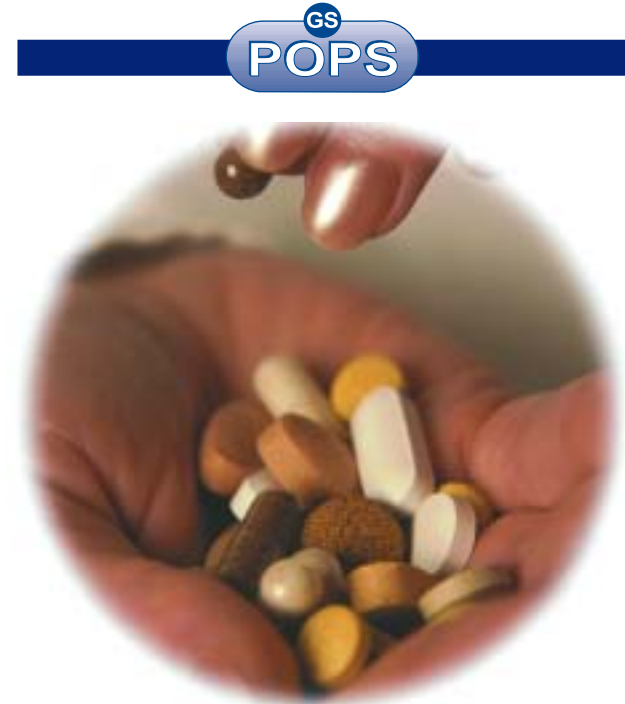
James J. Kennedy
Mayor

Please allow 7 to 10 business days for your application to be processed. Your Senior Preferred Prescription Savings Card will be delivered directly to your home via U.S. Mail.

GSPO Provider Services Corp.
P.O. Box 4190
Hamilton, NJ 08610

www.gspops.com

Toll-Free Customer Service:
1-800-633-0037



*The City of
Rahway
Senior Preferred
Prescription
Savings Card*

JAMES J. KENNEDY, MAYOR

COUNCIL

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Michael Cox, Ward 2
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