

SILVER SERVICE MEMBERSHIP APPLICATION

Application Date: _____

Ready to become an active member? It's easy.

Serving the needs of those 55+ years young!

Simply complete and mail this application.

Name _____

Address _____

City _____ State/Zip _____

Phone (H) _____ Phone (W) _____

E-mail _____

Date of Birth _____ Age _____

Male _____ Female _____

Married _____ Single _____ Widowed _____ Divorced _____

Have you ever been an inpatient at WMC?

Yes _____ No _____

Have you ever been an outpatient at WMC?

Yes _____ No _____

Do you have a personal physician?

Yes _____ No _____

If yes, who? _____

Please make your check for \$5.00 payable to:

Wilson Medical Center

Mail check and application to:

Silver Service Program

Wilson Medical Center

1705 Tarboro Street SW

Wilson, NC 27893-3428