senior+
embrace the good life

607 Beaman Street, Clinton, NC
910.596.4228
www.SampsonRMC.org/SeniorPlus

Membership Application

Name_____ Birthdate_____

Home Address_____ Home Phone_____

City_____ State_____ Zip_____ Cell Phone_____

Email_____

Male_____ Female_____ Married_____ Single_____ Widow_____

Employment Status: Full Time_____ Part Time_____ Retired_____

Primary Care Physician_____

If you do not have a primary care physician, can we help you find one? Yes_____ No_____

How did you hear about the Senior+ program?

____Newspaper ____Radio ____Television

____Friend ____Member Referral ____Other

If member referral, please give name of member_____

Senior+ Membership

Thank you for joining the Senior+ program. We hope that you enjoy all the activities and benefits that come along with this free program. By signing below you acknowledge permission for Sampson Regional Medical Center to use the above information for enrollment in the Senior+ program.

During program events, members may be photographed, filmed or recorded to be used for marketing and promotion of the Senior+ program. By signing below you give consent and release for Sampson Regional Medical Center to use this information for marketing purposes.

Signature of Applicant_____ Date_____

Accepted by_____ Date_____