



## Senior Class member application

Please complete one application per person.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status/Anniversary Date: \_\_\_\_\_

### Personal information

How did you learn about Senior Class?

\_\_\_\_\_

Referred by: \_\_\_\_\_

Emergency notification information:


Person to notify: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Would you be interested in additional information regarding our  program?

\_\_\_\_ Yes \_\_\_\_ No

Please mail or bring your application to:

Poplar Bluff Regional Medical Center  
Attn: Dawn Shackelford  
2620 North Westwood Boulevard  
Poplar Bluff, Missouri 63901



*Please allow two to three weeks for delivery of your membership card.*