

Friends

MEMBERSHIP APPLICATION

First Member		Effective Date:		
Last Name		First Name		Middle Initial
Address		City	State	Zip Code
Area Code/Phone	Social Security Number		Gender male female <input type="checkbox"/> <input type="checkbox"/>	Date of Birth
Second Member (must be same household)				
Last Name		First Name		Middle Initial
Social Security Number		Gender male female <input type="checkbox"/> <input type="checkbox"/>	Date of Birth	
E-Mail Address:				

MAIL TO: Friends Senior Group, Davis Regional Medical Center
P.O. Box 1823, Statesville, NC 28687

Visit our Website at www.davisregional.com or call us at 704-838-7106

PRIVILEGES SUBJECT TO CHANGE WITHOUT NOTICE.

