

Circle One:

Date: _____ New Membership Renewal Membership

FIRST MEMBER

Full Name: _____

Date of Birth: _____

Address: _____

Email Address: _____

Phone Number: _____

SECOND MEMBER (Must live in the same household)

Full Name: _____

Date of Birth: _____

Email Address: _____

CHAPTER I.D.: Springhill Medical Center

Please Circle One:

One Year Membership: \$15

Two Year Membership: \$25

OR

Discount rate for two members in one household:

One Year Membership: \$25

Two Year Membership: \$45

Payment: ☐ Check Or Money Order Enclosed

☐ Other Payment Method

MAIL TO: Senior Friends
1100 Doctors Drive
Springhill, LA 71075

New Member Enrolled By: (Office Use)

BENEFITS

- ✓ Free seminars and educational programs.
- ✓ Flex and Stretch chair exercise program.
 - ✓ Line Dance exercise program.
 - ✓ Monthly supper meetings.
- ✓ Monthly game day with covered dish luncheon.
- ✓ Planned tours throughout the year.
 - ✓ Day trips of interest.
- ✓ Copying of important documents.
 - ✓ Senior volunteer program.
- ✓ Complimentary night meal for spouse or family caretaker.
- ✓ Members receive discounts on noon meals in hospital cafeteria.
- ✓ Blood sugar and cholesterol checked twice a year. Monday, Wednesday or Friday from 8am to 9am.
- ✓ Medicare Part A in-patient deductible is waived for Senior Friends without a secondary insurance policy or any part of deductible not paid by a supplemental insurance. Medicare HMP participants are not eligible. Other stipulations may apply.