

# UT Health East Texas Silver Elite Membership Form



*T-shirt is yours FREE at  
the first event you attend.*



Today's date: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Sex:  Male  Female

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency contact: \_\_\_\_\_

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

Primary care physician: \_\_\_\_\_

How did you hear about Silver Elite?

- As a patient
- Email
- Received something in the mail
- Newspaper
- Website
- Other \_\_\_\_\_

What insurance do you have?

- Medicare
- Medicare Advantage
- Other \_\_\_\_\_

**Mail Your Application To:**

UT Health East Texas Silver Elite  
815 S. Beckham Ave.  
Tyler, TX 75701

