

UT Health East Texas Silver Elite Membership Form



UTHealth
East Texas™
Silver Elite

*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: _____ - _____ - _____

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

