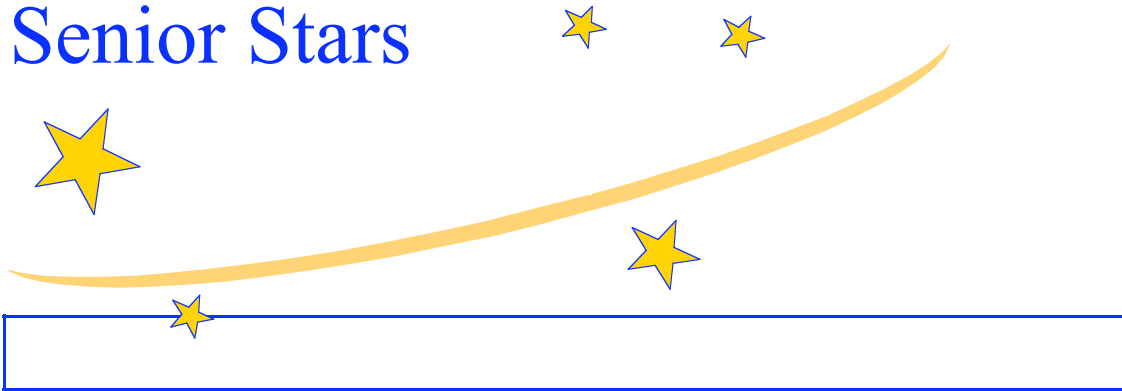


# Senior Stars



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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact phone number: \_\_\_\_\_

Please fill out this form completely and mail it along with \$10.00 annual dues to:

Senior Stars  
Henry County Medical Center  
Public Relations Department  
P. O. Box 1030  
Paris, TN 38242