

Senior Advantage



Registration Form

To join the Senior Advantage program, complete the form below and mail it with your check made payable to:

RMH Senior Advantage
Rockingham Memorial Hospital
235 Cantrell Avenue
Harrisonburg, VA 22801

Membership type (check one):

- Individual Membership: \$10 one-time fee Couple Membership: \$15 one-time fee

Name(s): _____

Address: _____

Phone Number: _____

E-mail Address (not required): _____

Date of Birth: _____