

MEDICAL INFORMATION

As a member of the DiOrio Society, select members of your family living in your household are eligible to receive Lightkeeper member benefits as an extension of your gift.

In order to ensure that eligible family members are given the appropriate DiOrio Society member status when presenting to Shore Medical Center, it is important that we are aware of each individual living in your household (including children up to age 26) who may use the Lightkeeper service under your name.

Please fill out this form in its entirety with the relevant information of all family members living in your household. If in the future any of this information should change, please contact the Shore Medical Center Foundation office at 609.653.3800.

DIORIO SOCIETY MEMBER(S):

Today's Date ____ / ____ / ____

1. _____

First Name	MI	Last Name	Date of Birth	M/F
Address		City	State	Zip
Phone	Cell or Secondary Phone	E-Mail		
Primary Care Physician & Phone				

2. _____

First Name	MI	Last Name	Date of Birth	M/F
Address		City	State	Zip
Phone	Cell or Secondary Phone	E-Mail		
Primary Care Physician & Phone				

Relationship to Individual Listed in Space Number 1

CHILDREN LIVING IN YOUR HOUSEHOLD (under age 26):

1. _____

First Name	MI	Last Name	Date of Birth	M/F
Address		City	State	Zip
Phone	Cell or Secondary Phone	E-Mail		
Relation to Lightkeeper		Primary Care Physician & Phone		

2. _____

First Name	MI	Last Name	Date of Birth	M/F
Address		City	State	Zip
Phone	Cell or Secondary Phone	E-Mail		
Relation to Lightkeeper		Primary Care Physician & Phone		

3. _____

First Name	MI	Last Name	Date of Birth	M/F
Address		City	State	Zip
Phone	Cell or Secondary Phone	E-Mail		
Relation to Lightkeeper		Primary Care Physician & Phone		

4. _____

First Name	MI	Last Name	Date of Birth	M/F
Address		City	State	Zip
Phone	Cell or Secondary Phone	E-Mail		
Relation to Lightkeeper		Primary Care Physician & Phone		