

Please print this form, complete it and remit with your payment:

Singles Outreach Membership Form

All membership information is kept confidential. We do not sell mailing lists, nor do we share information with other organizations or other members.

Today's Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Occupation _____

Home Phone _____ Bus. Phone _____

Age Range (circle one): 20-35 36-45 46-55 56-65 66+

Email address _____

New Member \$35/yr. (\$45 for 1st class mail)

Membership renewal (same as above)

Previous member (same as above)

Replacement card (\$2)

Laminated card (\$2)

Change of address (no charge)

(Old address _____)

Amount Enclosed: _____

Single Status: never married separated* divorced widowed

*separated means that member is living apart from spouse

Gender: Male Female

Member # _____

**Mail to:
Singles Outreach
PO Box 12511
Albany, NY 12212**