

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/Previous member (same as above)

___Classifieds/Housing/Etc. (\$10/month)

___Replacement or laminated card (\$2)

___Change of address (no charge; please note old address on back)

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**