



Five Star

Singles Connection

Membership Application

Please Print

NEW * RENEW

Name	
Address *	Apt. Number *
City, State, Zip Code *	
E-Mail *	
Primary Phone *	

Status: Single Separated Divorced Widowed Alumni

Gender: Male Female Birthday: Month ____ Day ____



* If renewing Check box if application on file needs to be updated.

*I certify the above information to be true and correct.
I understand if I falsify any information, it shall be grounds for immediate expulsion.*

Signature:

Date:

Membership Payment Information	New Member \$38.⁰⁰ ~ Renewal \$30.⁰⁰
Payable to: Five Star Connection, Inc. P.O. Box 81028, Rochester, MI 48308	Cash <input type="checkbox"/> Check # _____
	Amount Enclosed: _____

Member Since:	OFFICE USE ONLY	Expiration Date:																								
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www.fivestarconnection.org

“Serving Our Local Communities”

FSC – Five Star Connection, Inc.