**Membership Application Please Print  NEW  RENEW**

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

|  |  |
| --- | --- |
|  | |
| **Status:** Single **** Divorced **** Widowed **** Alumni **** | |
|  | |
| **Gender:** Male **** Female **** | **Birthday:** Month: Day: |
|  | |
| ** Check box & initial to authorize your image to be used by Five Star Connection.** | |

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| ***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.*** | Cash  Check # |
| ***P.O. Box 81028, Rochester MI 48308*** | Amount Enclosed: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Member Since**:** Expiration Date:   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | | Month Day Year | | | | | |  | Month Day Year | | | | | |  |  |  | | --- | --- | | Authorized: |  | |  |  | |

[www.fivestarconnection.org](http://www.fivestarconnection.org)

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