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

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

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|  |
| **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: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  Member Since**:** Expiration Date:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Month Day Year |  |  Month Day Year |

|  |  |
| --- | --- |
| Authorized: |  |
|  |  |

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

 “Serving Our Local Communities”