



Membership Application

Please Print

NEW RENEW

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

Status: Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Birthday: Month: Day:

Check box & initial to authorize your image to be used by Five Star Connection
 *Couples must join & renew their annual memberships on the anniversary of this date.

*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. 1409 N. Pine St, Rochester Hills, MI 48307	Cash: _____ Check # _____
	Amount Enclosed: _____

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www.fivestarconnection.org
 "Serving Our Local Communities"