

ST. BASIL ADULT SINGLES

MEMBERSHIP/RENEWAL FORM (FY 2012)

ELIGIBILITY: The group is open to Christian single adults (divorced, widowed, or never married) 21 and older.

NAME: _____
(PLEASE PRINT)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NO.: (_____) _____ **BIRTHDAY (MONTH/DAY):** ____/____ (optional)

E-MAIL: _____

AGE: (Circle one)	21-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
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SELECT ONE: NEW MEMBER: _____ CURRENT MEMBER RENEWAL: _____

How did you find out about St. Basil Adult Singles: (if Parish Bulletin, which Parish; Mimi, Sun Post, SBAS Website, friend, etc.)? _____

Would you like to receive the monthly newsletter by e-mail (Adobe PDF format)?

_____ YES (reduced yearly membership rate) _____ NO

Would you be interested in helping out with any of the following committees – all participation is appreciated! For Questions email: sbasplan@hotmail.com

<input type="checkbox"/> Newsletter	<input type="checkbox"/> Information Line	<input type="checkbox"/> Publicity/Marketing	<input type="checkbox"/> Historian
<input type="checkbox"/> Membership	<input type="checkbox"/> Spiritual	<input type="checkbox"/> Community Service	<input type="checkbox"/> Membership
<input type="checkbox"/> Social	<input type="checkbox"/> Parish Liaison	<input type="checkbox"/> Sports	<input type="checkbox"/> Welcoming
<input type="checkbox"/> Hospitality/ Refreshments	<input type="checkbox"/> Planning activities for monthly meeting		

The undersigned understands that his or her membership may be terminated if the Board members agree that the undersigned has abused his or her membership privileges by non-payment of dues, falsification of application information, or other inappropriate behavior.

Signature: _____ Date: _____

Please mail completed form and payment to St. Basil Adult Singles, P.O. Box 41151,
 Brecksville OH 44141, Attention: Membership

Make check or money order (NO CASH) payable to: St. Basil Adult Singles

DUES SCHEDULE

	1/1/12-12/31/12
E-MAIL	\$20
US MAIL	\$25

All memberships expire Dec 31, 2012 regardless of date joined

Office Use Only

Date Received: _____	Member # _____
Amount Paid: _____	Check # _____
Dues Paid through: _____	Initial: _____