



Membership Application

Membership fee: \$30 per year

Name: _____

Email: _____

Address: _____

City/State/Zip: _____

Phone: _____
(home) (work) (cell)

Birth month and day: _____

Check here if you do not want your phone number published in our membership roster. Rosters are mailed to all members.

I certify that I am over 21 years of age, single or legally separated, a person of good moral character, and have not been convicted of a felony, domestic violence, or a sex crime (may be subject to verification).

Signature *Date*

Please make check payable to:
United Singles.
Mail to: United Singles
PO Box 216
Olympia WA 98507

For Office Use only.
Check: _____
Cash: _____
 Card given
 Newsletter
 List updated



If you have a change of address, please contact Membership.

Member expiration date is printed above your mailing label.

January/February 2010

UNITED SINGLES
PO BOX 216
OLYMPIA WA 98507