

MEMBERSHIP APPLICATION



**Mail this form with
your check to
Quad City Singles 40 Plus
P. O. Box 682
East Moline, IL 61244**

Name: _____ Membership Fee: \$24/Annually
(Please Print)

Address: _____
(Street)

(City, State, Zip)

E-Mail: _____

Home Phone: _____

Cell Phone: _____

Birthday Month: _____

- 1. Please indicate gender: Male Female
- 2. Are you widowed, legally divorced or never married? Yes No
- 3: Are you age 40 or above? Yes No

I certify that all information furnished on this Membership Application is true and accurate. I agree to abide by the Bylaws and Policies, which I have reviewed prior to signing this Application, as well as to any future changes to those documents, as established by the Board of Directors of Quad City Singles 40 Plus. The Board has the right to use the data provided on this form in a diligent manner for club use only. I understand that failure to comply will result in expulsion from the group without recourse.

Quad City Singles 40 Plus has my permission to use my first name with the first initial of my last name and photographs of me for advertising or publicity in any or all of the following media or formats: still, motion picture, video, television and/or in another media or format, electronic or otherwise as currently exists or which becomes available in the future. Photo policies are available on our website

Signature _____ Date _____

Please use the reverse side if you have comments or suggestions.