

DARE SINGLES GROUP MEMBERSHIP APPLICATION

Annual Membership: \$29.00

New Member **Renewal** **Change of Address or Phone**

MARITAL STATUS:

Separated **Divorced** **Widowed** **Single**

PLEASE PRINT:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Number: _____

E-mail Address: _____

I would like my newsletter by e-mail only: Yes _____

Birthday: (Month and Day Only) _____

By signing this form, I certify that I am divorced, separated, widowed, or Have never been married; and that I have never been convicted of a felonious Sexual crime or a crime of violence against any person.

Signature: _____ **Date:** _____

**Please mail completed application and check (no credit cards accepted)
To: DARE, P. O. Box 3209, Youngstown, OH 44513**