

MEMBERSHIP RENEWAL APPLICATION



**Mail this form with
your check to
Quad City Singles
P. O. Box 776
East Moline, IL 61244**

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

Address: _____
(Street)
_____ *(City, State, Zip)*

E-Mail: _____
(Please Print)

Phone Number _____

Cell Phone Number _____

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

Please check one:

- A directory of club members is published annually with quarterly updates provided as appropriate. The directory is used for club business only and the sale or other use is expressly forbidden without the specific written approval of the Board of Directors. Include my name and telephone number in the Club Directory and/or updates to the directory. My signature below absolves Quad City Singles, Inc. of responsibility for any misuse by members or nonmembers of the published directory. Once my name appears in the directory I may rescind this approval in writing for removal of my name from future publications only.
- Do not include my name and telephone number in the annual directory or any of its updates.

I certify that all information furnished on this Membership Application is true and accurate. I agree to abide by the Bylaws and Policies in effect, 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, Inc. 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.

Further, Quad City Singles, Inc. (aka Quad City Singles 40 Plus), its agents or assigns, has my permission to use my 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 request or electronically using the online application and clicking the policy link.

Signature _____ Date _____

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