



Widowed Friends Membership/Renewal Application

New Member

Male

Renewal Annual dues of \$20 are renewable by Jan 31st each year.

Female

Name _____ Phone Number/s _____

Address _____ City _____ Zip _____



E-mail Address _____

You will automatically receive an email copy of the newsletter IF you provide a VALID email address and a PAID YEARLY MEMBERSHIP FEE

Make check payable to **Widowed Friends**. **Note:** Please do not use staples on checks. Send a check and this **ENTIRE PAGE** to our Membership Chairperson as listed below:

**Gerry Crowe
5116 Windham Dr.
Sterling Hts, MI 48310**

Call Elaine @ 586-291-2471, if you have any questions.

You are responsible for your own safety. Participation in *WIDOWED FRIENDS* activities is at your own risk. Any injuries, accidents or mishaps must be covered by your own insurance.

Signature: _____ Date: _____

**I wish to volunteer to help with any of the following committees,
please indicate so by placing a check mark in the box.**

- [] **CHURCH SERVICES:** Refreshments, Lectors, Ushers, Eucharistic Ministers, Altar Servers, etc.
- [] **COMMUNICATIONS:** Newsletter, Publicity, Website, Mailings
- [] **TRAVEL:** Planning
- [] **SPECIAL EVENTS:** Planning, Assisting
- [] **AREA ACTIVITIES:** Dining Out, Tours and Outings