



WIDOWED FRIENDS

Application for Membership or Renewal

New Member
 Renewal

Annual dues of \$18 are renewable by January 31st each year.

Male
 Female

Name _____ Phone Number _____

Address _____ City/Zip _____

Email Address _____

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

Gerry Crowe
5116 Windham Drive
Sterling Heights, MI 48310

If you have any questions, call Gerry @ 586-795-0477

For delivery of your newsletter select **EITHER** E-mail **OR** US Mail

By signing below, you understand that 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 _____

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

- MASSSES:** Refreshments, Lectors, Ushers, Eucharistic Ministers, etc.
- COMMUNICATIONS:** Newsletter, Publicity, Website, Mailings
- TRAVEL:** Planning, Assisting
- SOCIAL EVENTS:** Planning, Assisting
- AREA ACTIVITIES:** Planning, Assisting

Mission Statement: **WIDOWED FRIENDS** offers widowed men and women of all ages, caring companionship and the opportunity for healing, spiritual development, education, and wonderful new growth. Our enrichment activities meet a variety of needs to facilitate the journey from loss to a new sense of joy and purpose. Widowed men and women of **all faiths are welcome**.

**** widowedfriends.org ****

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