



Widowed Friends Membership/Renewal Application

*** 2024 ***

New Member

Male

Renewal

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

Female

Name _____ Phone Number _____

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 Co-Leader/Treasurer as listed below:

Gerry Crowe, Co-Leader/Treasurer
5116 Windham Dr.
Sterling Heights, MI 48310

Call Elaine, Co-Leader/Membership Chairperson at 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 _____

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

- [] **MASSES:** 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