Widowed Friends Membership/Renewal Application

*** 2025 ***

New Member □ □ Male

Renewal □ **Annual dues of $25 are renewable by Jan 31st each year.** □ Female

Name (PRINT)_____ **Phone** _____

Address_____**Apt/Unit**_____ **City/Zip** _____

E-mail Address (PRINT)_____

IF you provide a VALID email address and a PAID YEARLY MEMBERSHIP FEE, you will receive an email copy of the newsletter. **Make your check payable to *Widowed Friends*.** Send the check **(DO NOT USE staples on checks) and this ENTIRE PAGE to the address listed:**

Elaine Williams, Widowed Friends
12310 Hickory East
Utica, MI 48315

Call Elaine, Co-Leader/Membership Chairperson at 586-291-2471, if you have any questions.

You are responsible for your safety. Participation in *WIDOWED FRIENDS* activities is at your own risk. Your insurance must cover any injuries, accidents, or mishaps.

Your Signature: _____**Date:**_____
PLEASE SIGN & DATE

HAVE YOU RECEIVED A COPY OF THE NEWSLETTER?

YES, I HAVE RECEIVED THE NEWSLETTER, _____

NO, I HAVE NOT RECEIVED THE NEWSLETTER, _____

What types of activities are you interested in? Dancing? Bowling? Golf? Book Club? Meals – which ones? Trivia Nights? Bingo? Day Trips – Where would you like to go? Help with the Masses? Helping with the newsletter? Would you be willing to Host an Event? Do you have computer skills? Would you be willing to help the Host? Please share your interests with us.

_____

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Continue on the other side of this sheet.