

SpeakEasy Singles

2012

Membership Application

Welcome!

We are pleased that you are interested in joining our group and hope you will enjoy our activities and fellowship and make lifelong friends. Fill out this form and include \$16.00 non-refundable membership fee and mail to above address or bring to an activity with you. Activities and various functions of our group are conducted through volunteers. If you would be interested in sponsoring an activity, please note your interest or talk to a Board Member.

<p align="center">SPEAKEASY SINGLES</p> <p align="center">*Since 1985*</p> <p align="center">P.O. BOX 20565, CHARLESTON, WV 25362</p> <p align="center">VOICEMAIL: 304-345-7810 — WWW.SPEAKEASYSINGLES.COM</p>
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NAME: _____ Birthday _____
Month Day

ADDRESS: _____

City/State/Zip: _____

Home Phone _____ Email: _____

Cell Phone: _____

I certify that I am at least 21 years of age:

_____ Check

_____ N A M E _____ DATE _____

_____ Cash

I am interested in the following activities or helping by volunteering to do these activities:

_____ Dances _____ Picnics _____ Newsletter _____ Membership Drive _____ Wherever needed!