



MEMBERSHIP APPLICATION FORM

DATE _____

NAME _____

ADDRESS _____

CITY _____

PHONE # (HOME) _____ **(WORK)** _____

EMAIL ADDRESS _____ **COMPUTER SKILLS? YES / NO**

AGE (optional) 50-60 _____ **61-70** _____ **71+** _____

NAME OF SPOUSE (if applicable) _____

PAST/PRESENT EMPLOYMENT

PAST/PRESENT VOLUNTEER EXPERIENCE

**Please return to : Beckie Perry
1231 Manorwood Circle
Bloomfield Hills, MI 48304**