

# 2000 MEMBERSHIP APPLICATION

2000-\_\_\_\_\_

PLEASE TYPE OR PRINT CLEARLY

TYPE OF APPLICATION: New \_\_\_\_\_ Renewal \_\_\_\_\_ Change of information \_\_\_\_\_

NAME: \_\_\_\_\_, \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ GENDER: \_\_\_\_\_  
(Last) (First) M.I. (Month) (Day) F/M

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Work: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_ Do you want to be listed in the Burke Singles directory? Yes \_\_\_\_\_ No \_\_\_\_\_

**MEMBERSHIP POLICY:** Open to anyone who is single, separated, divorced, or widowed; at least 21 years of age; and is a resident of Zip Codes 22015, 22150, 22151, 22152, 22153, and 22032. Applicants living in other areas must be sponsored by a current member. Members receive monthly newsletters and reduced prices at some functions.

**SPONSOR: (If necessary)** \_\_\_\_\_

**MEMBERSHIP AGREEMENT:** I agree to abide by the rules and regulations as stated in the Bylaws of Burke Singles, Inc., and/or as adopted by the Board of Directors. Membership may be revoked or suspended in accordance with the Burke Singles Bylaws. I waive and release any claim or cause of action that I may have against Burke Singles, its officers or directors, and/or its members for any damages, injuries, or losses sustained by me while participating in events and functions sponsored by Burke Singles.

I certify that I meet the above membership requirements and hereby apply for membership. (NOT VALID UNLESS SIGNED)

	<u>Current Month</u>	<u>Fee</u>	<u>Expires</u>
<b>FEES:</b>	Jan - May	\$25	End of year
	June-Oct	\$18	End of year
	Nov-Dec	\$25	End of <b>Next Year</b>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Revised 10/23/99

Amount Paid: \_\_\_\_\_ Check# \_\_\_\_\_

## 2000 ACTIVITY INTEREST/SUGGESTION FORM

<u>ACTIVITY</u>	<u>COME</u>	<u>ASSIST</u>	<u>HOST</u>
Air Balloon Rides	_____	_____	_____
Beach Weekends	_____	_____	_____
Bike Rides	_____	_____	_____
Bowling	_____	_____	_____
Bridge	_____	_____	_____
Cultural Events	_____	_____	_____
Community Service	_____	_____	_____
Dance Committee	_____	_____	_____
Dancing	_____	_____	_____
Dining Out	_____	_____	_____
Golf	_____	_____	_____
Hiking	_____	_____	_____
Ice Skating	_____	_____	_____
Rafting	_____	_____	_____

<u>ACTIVITY</u>	<u>COME</u>	<u>ASSIST</u>	<u>HOST</u>
Rollerblading	_____	_____	_____
Scuba/Snorkel	_____	_____	_____
Self-Defense	_____	_____	_____
Sightseeing	_____	_____	_____
Telephone Call Volunteer	_____	_____	_____
Tennis	_____	_____	_____
TGIFs	_____	_____	_____
Water Aerobics	_____	_____	_____
Wine & Cheese	_____	_____	_____

**WRITE-IN CANDIDATES:**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE: (h) \_\_\_\_\_ (o) \_\_\_\_\_ (fax) \_\_\_\_\_

MAIL TO : BURKE SINGLES  
PO BOX 102  
BURKE, VA 22009-0102

PHONE NUMBER: (703) 764-2894  
FAX: (703) 978-2699  
E-Mail: BurkeSin@aol.com