

MEMBERSHIP APPLICATION

APPLICANT	Name:			Birthday (m/d): app-	Birthday (m/d): co-app-
CO-APPLICANT (household)	Name:			Anniversary (m/d/y):	
	Mailing Address:			Phone(s):	
	City:			Cell(s):	-
	State: Zip:			E-Mail(s):	
How did you hear about Prime Timers?					
APPLICANT	I wish to join Dallas/Fort Worth Prime Timers. As a member I agree to keep the membership roster PRIVATE and CONFIDENTIAL. I am at least 21 years of age.				
	Include me in the Member	rship Roster?		Yes	No
	Signature:				Date:
CO-APPLICANT	I wish to join Dallas/Fort Worth Prime Timers. As a member I agree to keep the membership roster PRIVATE and CONFIDENTIAL. I am at least 21 years of				
	Include me in the Membership Roster?			Yes	No
	Signature:				Date:
DUES		lf you join	between:	Single	Household
(Memberships run throu	gh December 31 st of each year. January 1 of the following year.)	Jan 1 April 1 July 1 Oct 1	– March 31 – June 30 – Sept 30 – Dec 31	\$20.00 \$15.00 \$10.00 \$5.00	\$30.00 \$22.50 \$15.00 \$7.50
INSTRUCTIONS	Mail this application along with your check payable to: "Prime Timers, Dallas Fort Worth, Inc.". (no cash please)			Prime Timers, Dallas Fort Worth, Inc. P. O. Box 191101 Dallas, TX 75219-8101	