



SILVER STAR MEMBERSHIP APPLICATION

1st Member

Last name: _____ First name: _____

Birthday: _____

2nd Member (spouse)

Last name: _____ First name: _____

Birthday: _____

Address: _____ City: _____ Zip: _____

Please provide us with your preferred phone # and e-mail:

*Only **one** e-mail and **one** phone # per family

Phone #: _____ E-mail: _____

Dues: \$10 per member

Amount Paid \$ _____

Cash Check Check #: _____

With your support and your participation, the Silver Stars are looking forward to celebrate another successful year full of exciting events.