

BUCKS & DOES SINGLES  
P. O. BOX 332 , COLUMBUS , OH 43216-0332

**MEMBERSHIP RENEWAL FORM**

Please print all information as requested. Please do not leave any blanks. Give form & dues to the Treasurer or mail it to the above address. Please date and sign your name in the space provided following the declaration statement.

NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
(Last) (First) (M. I.) (Mo/Day)

ADDRESS:

\_\_\_\_\_  
(Street) (Apt)

\_\_\_\_\_  
(City) (State) (Zip Code)

PHONE: (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_  
(Home) (Cell)

(Phone will be listed in the roster as shown. Only note the numbers you want in the roster.)

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

(Please place an "X" here \_\_\_\_ if you do NOT want your e-mail address listed in the Club Roster.)

You may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for Bucks and Does Singles. The images will be the sole property of Bucks and Does Singles.

MARITAL STATUS: \_\_\_\_ Single (Never married, \_\_\_\_ Separated \_\_\_\_ Married  
(Check one) divorced or widowed)

I declare that the marital status I have checked above is accurate.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_