

## Tri-State Prime Timers Membership Application

This is a: ☐ New Membership ☐ Renewal/update of a membership.

Name (as you want it to appear on name tag) \_\_\_\_\_

Birthdate (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ email \_\_\_\_\_

Partner/Spouse Name: \_\_\_\_\_

Anniversary Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

(To be included in the directory)

**Discretion is paramount in all actions and activities of TSPT. The Membership list of TSPT is kept confidential within the organization.**

### Directory Information

☐  
☐

Include all information in the confidential directory OR

Do not include my name and contact information in the directory

**This application cannot be accepted unless ALL the following statements are answered:**

☐

I understand that the directory is available only to members for the own personal use. I agree to keep the directory and the contents private and confidential.

☐

I direct TSPT to send the newsletter via ☐ email ☐ US mail (add \$12.00/year for postage)

☐

Do not send newsletter

**The amount of information you make known to other members will reflect the access you have to other member information.**

☐

\$20.00 Annual Membership Dues Paid (cash/check/money order) (due on January 1<sup>st</sup>)

New members joining after July 1<sup>st</sup> pay at one half the annual membership dues.

New members joining after October 1<sup>st</sup> pay full price for an annual membership through December 31<sup>st</sup> of the following year.

I have enclosed \$\_\_\_\_\_ for membership. Additional Donation \$\_\_\_\_\_

**Mail to Tri-State Prime Timers, P.O. Box 141205, Cincinnati OH 45250-1205**

**[www.tristateprimetimers.com](http://www.tristateprimetimers.com)**

**I understand that all members and guests are subject to all policies, rules, regulations of the TSPT Bylaws – a copy may be obtained at our website listed above.**

Signature \_\_\_\_\_ Date \_\_\_\_\_