

Professional Singles Association Membership Application & Renewal Form

Annual Membership Dues are \$50 and **are non-refundable**. The full membership year runs from July 1st through June 30th. **Renewal** Membership Dues are \$50, and Alumni (Married Couples) Renewal Membership Dues Are \$30. **All renewing members who have their dues and fully completed membership forms mailed by June 30<sup>th</sup> will pay \$40 dues.** The dues must be paid by June 30th in order to continue receiving the newsletter. **After June 30th**, Membership Dues are according to the following schedule:

July 1 - October 31: \$50

November 1 - February 28: \$40

March 1 - June 30: \$30

Name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Print Name in Directory?  Yes  No

Renewal?  Yes  No

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_

Liability Disclaimer: In consideration of the benefit of Membership in The Professional Singles Association, PSA, I do hereby absolve, release and waive any and all liability claims or demands against the PSA, its Board of Directors and officers and each and every member thereof, which could arise out of, or be related to any injury, damage or pecuniary loss to me or my family by reason of such Association membership and participation in PSA sponsored activities. This includes any personal injuries or losses sustained by its membership and individual members. I certify by my signature that I am single, divorced, separated or widowed and I will abide by PSA guidelines.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**A check payable to PSA must be included with this form, and this form must be included with your check.**

Activity Volunteer Information - Please select from the list below any activities you would be willing to sponsor: *If nothing is selected your name will be added to the Happy Hour list.*

- Cocktail Party
- Covered Dish Dinner
- Bike/Hike/Volleyball
- Concert/Theater
- Happy Hour
- Card Games
- Games Night
- Cookout
- Brunch
- Dinner Out
- Bridge
- Other: \_\_\_\_\_

A chairperson will follow up with a phone call.

Please send a newsletter for the month of \_\_\_\_\_  
My e-mail address is: \_\_\_\_\_

How did you hear about PSA?

- Friend
- Published Article
- Flyer in Mail
- Newsletter Ad
- \_\_\_\_\_

**Complete and mail form to:**  
Professional Singles Association  
P. O. Box 2754  
Chester, VA 23831

PSA Privacy Policy is located on our website <http://www.psaofrichmond.com/privacy.html>

**All PSA activities are NON-SMOKING unless the event is held in a public establishment that provides a designated smoking area.**