









valleysquares.net

MEMBERSHIP FORM

<u>2025</u>

Proud Member Club of the GCSDA DATE: ____

IS Last Name: First		t Name:	Name:	
HER Last Name:	First	Name:		
Address:				
City:	State:	ZIP:		
Phone Number:		[] Cell	[] Home	
Email Address:				
HIS Birthday Month: Day:	HER Birth	nday Month:	Day:	
Our Wedding Anniversary Month:	Not required, bu	ut the Year if you che	oose:	
Will Valley Singles be your Primary U	USDA Insurance Clu	ı b : [] YES [] NO	
My Primary club is:				
PLEASE MAKE ALL CHECKS PAYABI	<u>LE TO:</u> Valley Sing	les		
Member Dues are due and payable on S October 1 through September 30. Payab for 2024. Club Badge applications are available a	ble by check made to	Valley Singles. Rat	es are \$20.00 per person	
Your interests are important to the succe Thank You!!	ess of our Club. Pleas	e indicate where you	ı would be willing to help	
Banner Raids Decorations Demonstrations	Greeter Refreshments Social Events Fund Raising Ev	Theme	etup/Breakdown	

We thank you for honoring us by Joining our Club