

Unmarried Single But Not Alone



SIGN UP FORM (Rev. 11/15/19)

PLEASE PRINT

1. Last Name _____ First Name _____ M.I. _____
2. How would you like to be addressed (a nickname, title, etc.): _____
3. Residence: Street: _____ Apt. or Unit# _____
4. City: _____ State: _____ Zip Code: _____ - _____
5. Contact #s: Home: ____ - ____ - ____; Cell: ____ - ____ - ____;
Work: ____ - ____ - ____; Email: _____ @ _____
6. Payment Cycle chosen: **Note: PayPal does not share your payment information.** We need to notate when to send a reminder re: your next billing date.
If less than 62 years old, are you paying: Monthly ____ Quarterly ____ or Yearly ____ ?
If greater than 62 years old, are you paying: Monthly ____ Quarterly ____ or Yearly ____ ?
7. Date of Birth: Month ____ Date ____ Yr. (optional) ____ (We want to acknowledge your day!)
8. **Signature:** _____ **Date:** ____ / ____ / ____

Please return forms via Email: abcollins@unmarriedsingle.com; Mail: Unmarried, Single But Not Alone, P.O. Box 15434, Chicago, IL 60615-5145, or Fax: # to be added shortly!

For Office Use Only: Do not Fill in Below this Line

1. Date Form Received: _____;
2. Account #: _____
3. Billing Cycle: Monthly ____; Quarterly ____; Yearly ____ and Date: _____
4. **Check-List: All Forms Received:**
ICE information: _____ (Date): _____
Agency Agreement: _____ (Date): _____
USBNA Commitment & Liability: _____ (Date): _____
Permission to Tell Designated Personal ICE's status of our client: (Date): Y: ____ No ____
Check-In Dates: _____ (Date): _____