



# STL Village Membership Application

6633 Delmar Blvd., Second Floor, Saint Louis, MO 63130

341.802.0275

www.stlvillage.org

Membership in STL Village is a yearly contract. Understanding this statement, I/we wish to join STL Village as a full/associate member. My annual membership will be paid as follows:

\*Full Individual Membership

\_\_\_\_\_ Dues paid annually (\$600)  
\_\_\_\_\_ Dues paid monthly (\$50)

\*Associate Individual Membership

\_\_\_\_\_ Dues paid annually (\$300)  
\_\_\_\_\_ Dues paid monthly (\$25)

\*Full Household Membership

\_\_\_\_\_ Dues paid annually (\$840)  
\_\_\_\_\_ Dues paid monthly (\$70)

\*Associate Household Membership

\_\_\_\_\_ Dues paid annually (\$420)  
\_\_\_\_\_ Dues paid monthly (\$35)

*\*Confidential financial assistance is available through the Member Plus (M+) Program.*

*Contact: Executive Director at the STL Village office: 314.802.0275*

Signed: \_\_\_\_\_

Who referred you to STL Village? \_\_\_\_\_

PLEASE PRINT CLEARLY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**SECOND PERSON in Household Membership:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Payment Method:**

**CHECK** (Make checks payable to STL Village)

**CREDIT/DEBIT CARD** TYPE: Visa, Master Card, Discover Card **(Circle One)**

Name as it appears on card: \_\_\_\_\_

Is Card billing address same as above?  Yes  No

If no, Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Security Code from reverse side: \_\_\_\_\_ Charge amount: \_\_\_\_\_

*STL Village does not discriminate on the basis of race, color, religion, gender, gender identity, national origin, age, veteran status, marital status, familial status, disability/handicap, or sexual orientation.*