



# STL Village Membership Form

6633 Delmar Blvd., Second Floor, St. Louis, MO 63130  
314-802-0275

**Membership in STL Village is a yearly contract. Understanding this statement, I/we wish to join STL Village, with the annual membership paid as follows:**

\*Individual Member  
\_\_\_\_\_ Dues paid annually (\$600)  
\_\_\_\_\_ Dues paid monthly (\$50)

\*Household Member  
\_\_\_\_\_ Dues paid annually (\$840)  
\_\_\_\_\_ Dues paid monthly (\$70)

*\*Confidential financial assistance is available through the Member-Plus 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 of Card:** 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.