

PUT ME IN THE WPS DIRECTORY

The Ways and Means Committee on behalf of WPS is publishing a Directory for year 2025 with the following conditions:

1. You will be listed in the Directory **ONLY** if you send in this signed form as your permission.
2. The cost is a \$10.00 per Directory. A copy(s) of the Directory will be delivered to you.
3. The full Directory will be available to WPS members only. Advertisers will receive only a book of advertisements.
4. If you check the same as last year box, please include your phone number.
5. If your address has changed you must also call the WPS Office at (817)551-2922 to update the Member Database

If you wish to be included, please enter the appropriate information below, send this Form and \$10.00 for each Directory copy to the WPS Office by December 1, 2024.

REQUIRED INFORMATION (your listing will not be accepted without this information & signature):

PLEASE PRINT

Last Name: _____ First Name: _____ Nickname (opt.) _____

CHECK ONLY IF ENTRY IS TO STAY THE SAME AS LAST YEAR ←

Primary Phone: (H, C) _____ Please circle H or C Month/Day of Birth: _____

Secondary Phone (C) _____

Street Address: _____

City: _____ State: _____ Zip _____

Do you **want** your address to appear in the directory? **Yes** No If neither are circled, Yes is assumed

ADDITIONAL INFORMATION IF YOU DESIRE: PLEASE PRINT

Email Address: _____

Interests: (Limited to ten (10) words) **WPS RESERVES THE RIGHT TO EDIT**

I hereby give my permission to WPS, and request that WPS publish the above information in the Directory, which will be made available to WPS members only. By signing below, I am acknowledging that I agree I am acquiring this Directory for my personal use and will not make it available to anyone not a member of WPS, nor will I reproduce or permit anyone to reproduce my copy of the Directory.

Printed Name: _____

(Signature) ← Required

The number of Directories printed will correspond with the response received from this announcement. If you wish to be included in the Directory, PLEASE INCLUDE THIS FORM WITH YOUR CHECK PAYABLE TO 'W P S.' MAIL TO: WIDOWED PERSONS SERVICE, ATTN: WAYS AND MEANS COMMITTEE, 2906 SE LOOP 820, SUITE A, FORT WORTH, TEXAS 76140-1030.

If you wish to receive an additional directory for an additional \$10 **Yes** No If neither are circled, No is assumed