



## MEMBERSHIP FORM FOR *STARS IN THE NIGHT*

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (        ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Birth Date (year not necessary!) \_\_\_\_\_

BMIFC No. (must be current) \_\_\_\_\_

Please tell us a little about yourself:

1. How long have you been a Manilow fan? \_\_\_\_\_

2. What is your favorite Barry song? \_\_\_\_\_

3. What is your favorite Barry video/DVD? \_\_\_\_\_

4. What is your favorite Barry song, written by Barry? \_\_\_\_\_

5. Have you seen Barry in concert? \_\_\_\_\_

6. If so, how many times? \_\_\_\_\_

7. When and where have you seen Barry in concert? \_\_\_\_\_

\_\_\_\_\_

8. Have you ever attended a BMIFC Convention? \_\_\_\_\_

9. If so, when and where? \_\_\_\_\_

10. What do you like most about Barry? \_\_\_\_\_

11. If you could meet Barry and tell him something, what would be it? \_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_

Mail to: Stars in the Night  
P.O. Box 413  
Beverly, MA 01915-4231

Please remember to enclose your  
membership check for \$15. Thank you!

\_\_\_\_\_ I am making a donation to help Shriner's Children's Hospital—Boston.