

Membership Application Form

New ___ Renewal ___

Name: Last _____ First _____ Spouse _____

Address: Street _____

City _____ State _____ Zip _____

Telephone: Home _____ Cell _____

Email: _____

Birthday (Month and Day only): _____

Occupation (even if retired): _____

Interests and Committees to help with (if you can):

Prayer Intentions _____ Refreshments /Hospitality _____ Sunshine and Visits _____

Fashion Show _____ Hugs for the Homeless _____ Social Activities _____

Legislative and Life Issues Reporting _____ Other _____

Special Talents _____

Thank you for joining us, and for every effort you make to help serve our parish and community.

Do we have your permission to list your name, phone, and email on our membership list for our members? YES _____ NO _____

Signature: _____ Date: _____

Dues: \$10.00 (Due on or before Nov. 20, 2020) Check # _____ Cash \$ _____