

St. Joseph Marello Marian Guild Membership Form



Name Spouse Name			
Address			
City	State Zip		
Home Phone	Cell		
Email			
Birthday Month	Day		
Please check your membership	status.		
[] I am a new member.	[] I an	n a former/current member	and renewing.
Note: Membership Dues: \$25.0 there be a financial need. Contare confidential.		•	•
The Marian Guild often shares	information regardi	ng upcoming events, meeti	ngs, and Parish activities.
Please indicate your communic	ation preference.		
[] I wish to be contacted by e	-mail only.		
[] I do not have e-mail; please	contact me by pho	ne or mail.	
Check all committees that inter	est you:		
By-Laws & Standing Rules	;	Social	
Membership		Spiritual Enrichmen	t
Fundraising Projects		Publicity	
Audit Committee		Historian	
What talents, skills, or expertis	e would you like to	share with the SJM Marian	Guild? Please list:
FOR OFFICE USE ONLY:			
Date received Cash	n? Y/N Check? Y/N	N Ck# Ck Date	Amount
Received by		Note	