



MEMBERSHIP FORM

Last Name: _____

First Name: _____

Spouse's Name: _____

Street Address: _____ (Apt#) _____

City: _____ State: _____ Zip: _____

Phone Number: _____ *Email: _____

*Most meeting and activity information is sent out via email.

Birthday (MM/DD): _____ Year Joined CCW: _____

Mass you usually attend:

☐ 5:30 Vigil ☐ 8:00am ☐ 10:00am ☐ 12:00pm ☐ 5:00pm

Other ministries to which you belong:

☐ Lector ☐ Choir ☐ EMHC ☐ None ☐ Other _____

Circles you would be interested in joining or are already a member of:

☐ St. Elizabeth's (COOKING) ☐ St. Margaret's (CRAFTS) ☐ St. Therese of Lisieux (GIFT SHOP)

How would you like to get involved in CCW activities?

☐ Leadership ☐ Spirituality ☐ Fund Raising ☐ Advertising ☐ Food
☐ Service ☐ Assist with Events / Activities ☐ Undecided

I understand that the dues are \$15 for the year.

(Payment may be made at the meeting OR checks may be made out to "St. Joseph CCW" and mailed to Pam McMillan, 4254 San Servera Dr S, Jacksonville, FL 32217)

☐ I Agree

SIGNATURE

DATE