

APPLICATION FOR MEMBERSHIP

Date _____

Miss
 Mrs.

Name: _____
(full name.....please print)

Address: _____
(street number and name ---apartment number if applicable)

(city) (state) (zip code)

Telephone Number:() _____

E-mail address: _____

Parish: _____

If working, name and address of employer:

I want to become an

Active member _____
(applicant's signature)

Proposed by: _____
(member's signature)

Address: _____
(street number and name ---apartment number if applicable)

(city) (state) (zip code)

Return completed application and check for \$12 to:

Association of Ladies of Charity
Diocese of Pittsburgh
2900 Noblestown Road
Pittsburgh, PA 15205