

ST. MARY'S HEARNE ALTAR SOCIETY

MEMBERSHIP FORM

Name: _____

Address: _____

City, State, Zip: _____

Home Phone #:: _____

Mobile Phone #: _____

Text? Yes or No
(circle one)

Email Address: _____

Birthday: _____

Emergency Contact: _____

You can return this to the Church office or bring it by our monthly meetings, on the first Wednesday of each month.

Thank you!