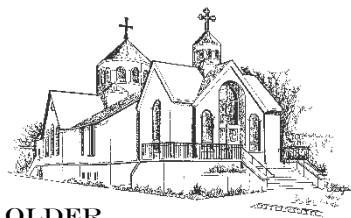




ST. LEON WOMEN'S GUILD MEMBERSHIP APPLICATION



FOR WOMEN IN THE ST. LEON COMMUNITY 18 YEARS AND OLDER

TODAY'S DATE _____

NAME _____
(first) (maiden, if applicable) (last)

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

YOUR BIRTHDATE _____ (For records only - month, day and year)

PREFERRED PHONE NUMBER FOR CONTACT _____ HOME _____ CELL _____

ARE YOU A TRANSFER MEMBER? YES ___ NO ___ or ARE YOU A NEW MEMBER? YES ___ NO ___

For Transfer Members only: Name of your former parish _____

Number of continuous years as a paid member of your previous Women's Guild: _____

IF YOU HAVE EMAIL, PLEASE PROVIDE: _____

MARITAL STATUS: Single ___ Married ___ Widowed ___ Divorced ___ Prefer not to say _____

SPOUSE'S NAME _____

IF YOU HAVE ANY FAMILY AT ST. LEON, PLEASE LIST: _____

DO YOU HAVE ANY SPECIAL SKILLS, TALENTS OR EXPERIENCE TO SHARE WITH US?

Annual dues are **\$20.00** and are payable upon joining. Thereafter, dues should be paid between January and March to receive service credit for the year. Please make your check payable to St. Leon Women's Guild and send it to:

**ST. LEON ARMENIAN CHURCHWOMEN'S GUILD TREASURER
12-61 SADDLE RIVER ROAD
FAIR LAWN, NJ 07410**

We are so happy that you have decided to join the St. Leon Women's Guild! Welcome!
If you are not a member of St. Leon, we encourage you to join our parish.

FOR TREASURER ONLY: Date Dues Received _____ Cash/Check # _____ # Yrs. Pd. _____