

APPLICATION FOR MEMBERSHIP
ASSOCIATION OF THE LADIES OF CHARITY
SARATOGA CHAPTER



APPLICANT'S NAME IN FULL _____

STREET ADDRESS _____

CITY & STATE _____

TELEPHONE # /CELL PHONE # _____

EMAIL ADDRESS _____

Please select the form of mailing you would like to receive: Email _____ regular mail _____

PARISH _____

TYPE OF MEMBERSHIP

ACTIVE - DUES \$25. - 25 hours of service required.

ASSOCIATE MEMBER - Dues \$30.

(for those who are unable to participate in Ladies of Charity functions.)

"The Confraternity of the Ladies of Charity sprang from God in order to honor Our Lord Jesus Christ as the Source and Model of all charity" - St. Vincent de Paul

PROPOSED BY _____

(signature of person sponsoring new member)

STREET ADDRESS _____

CITY & STATE _____

TELEPHONE # _____

EMAIL ADDRESS _____

This application was approved at a meeting:

_____ (DATE)

_____ (President's signature)